

Termination of Services

City of Manchester

Name: _____

Service Address: _____

Forward Address (for Final Bill/Deposit Refund):

I hereby authorize the City of Manchester Utility Department to terminate the service(s) below at the service address above to be effective _____.

Circle all that apply:

Water

Gas

Garbage

Signature of Terminating Customer

Date

***Final bills will be mailed to the forwarding address within 30 days.**

In the event there is a problem with receiving your deposit refund or final bill, please furnish the permanent contact name, address and phone number of a relative or friend not living in your household.

Name: _____

Address: _____

Phone: _____