



**CITY OF FALLON
SERVICE TERMINATION REQUEST**

TURN OFF DATE: _____

SERVICE ADDRESS: _____

TERMINATED CUSTOMER'S FORWARDING ADDRESS

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

SS#: _____

SIGNATURE: _____

DATE: _____

FOR OFFICIAL USE

ACCOUNT NUMBER: _____

COMPUTER ENTRY BY: _____

DATE: _____