

549 E Main St - www.townofwhiteland.com - phone: 317.535.5531 - fax: 317.535.8724

DISCONNECTION OF UTILITY SERVICES

WHITELAND, IN

Customer Information					
Customer Name		Account #			
Termination /Current Address					
Rental Properties: Please provide this i	information if you are a	tenant at the	e service address.		
Landlord Name	ord Name		Contact Number		
Landlord Address		City	State	Zip	
For final bill and/or deposit refund (if a	rental account):		I		
NEW/Forwarding Address		City	State	Zip	
Phone Number		Termination Date			
Disco	onnection Certification for	RENTER O	CUPIED property		
I,, h account and that I have advised the property o further that I shall save, indemnify and hold har understand that my deposit will be applied to a to the Town of Whiteland.	wner of my intention to disc rmless the Town of Whitela	continue service nd from all issu	es provided by the Town of ues arising from discontinua	ance of any or all service(s). I	
Signed Service Account Owner		Date			
	onnection Certification for				
l h	araby cartify that I am the av	wher of the abo	ave convice account and the	property conved: it is my	

I, ______, hereby certify that I am the owner of the above service account and the property served; it is my intention to discontinue said services, and further that I shall save, indemnify and hold harmless the Town of Whiteland from all issues arising from discontinuance of any and all service(s). I understand that I will be responsible for any remaining balance due to the Town of Whiteland

Signed	Date
Service Account /Property Owner	
Office Use Only	
Work Order #	
Received By	Date & Time
Account balance at time of disconnect request	Deposit Amount
Refunded Transferred Applied	