

Acct/Tenant Number: _____

Date Received: _____

Request for Termination of Utility Service(s)

I, _____, an authorized account holder of
Name

(Service Address)

authorize Green Valley SUD to terminate/suspend my existing service on _____
Date

I understand that my deposit will be refunded towards the final charge, and any other outstanding balances on my account, and a refund check will be issued for the remainder of my deposit, if any.

_____ Initial here if you would like us to keep your deposit on file. (Owners and/or Property Management ONLY)

My updated forwarding address is:

My updated contact information is:

Failure to complete this form and submit it to GVSUD will result in continued financial responsibility on my part for the address above.

Please include or attach a copy of your photo ID for verification, along with signing below.

Signature

Printed Name

Date

District Representative Signature

Date