



SERVICE DISCONNECTION

Customer Information			
<i>Customer Account</i>	<i>Disconnect Date</i>		
<i>Customer Name</i>	<i>Additional Customer Name</i>		
<i>Service Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

I would also like to transfer service within the Summerville CPW service area and will complete a New Service Application

Forwarding Information Required			
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Email</i>	<i>Phone</i>		

Customer Signature _____ Date: _____

By checking this box, I hereby consent to the use of my electronic signature. I agree that this signature is valid, and has the same effect as a written signature on a paper copy of this document.

Office Use Only	
<i>CSR</i>	<i>Date</i>