

CITY OF STARKVILLE ELECTRIC DEPARTMENT

P.O. BOX 927, STARKVILLE, MS 39760

PHONE: (662) 323-3133; FAX (662) 323-3273

TERMINATION OF UTILITY SERVICE

NAME: _____ SS# _____

SERVICE ADDRESS: _____

DATE FOR DISCONNECTION: _____

FORWARDING ADDRESS: _____

CONTACT PHONE # _____

I UNDERSTAND THAT MY DEPOSIT WILL BE APPLIED TO THE FINAL BILL. I AGREE TO PAY ANY INTERIM BILLINGS PRIOR TO THE FINAL BILL. IF THE FINAL BILL IS LESS THAN THE DEPOSIT, A REFUND CHECK WILL BE MAILED TO THE FORWARDING ADDRESS PROVIDED ON THIS FORM.

I UNDERSTAND THAT THE REFUND WILL BE MAILED WITHIN SIX TO EIGHT WEEKS OF HAVING THE SERVICE DISCONNECTED.

IF THE DEPOSIT IS LESS THAN THE FINAL BILL, I WILL BE RESPONSIBLE FOR PAYING THE BALANCE DUE. I AM AWARE THAT FAILURE TO PAY ANY BALANCE DUE WILL RESULT IN THE ACCOUNT BEING TURNED OVER TO A COLLECTION AGENCY. I ALSO AGREE TO PAY ANY COLLECTION OR LEGAL FEES INCURRED BY THE CITY OF STARKVILLE ELECTRIC DEPARTMENT IN COLLECTION ANY UNPAID AMOUNTS.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

DEPOSIT # _____ TAKEN BY: _____

ACCOUNT # _____ ORDER #: _____