



# Town of Fredonia

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## REQUEST FOR DISCONNECTION OF UTILITIES

Utility Customer Name

Address of account to be disconnected

Utility Customer Account Number

Services to be disconnected:

### Final Reading

Electricity: \_\_\_\_\_

Water/Wastewater: \_\_\_\_\_

Landfill, can #: \_\_\_\_\_

Is this disconnection permanent?  Yes  No

If yes, please provide a forwarding address: \_\_\_\_\_

\_\_\_\_\_

Date services to be disconnected (must give 24 hour notice): \_\_\_\_\_

Signature of Utility Customer

Date

Town of Fredonia Representative

Date

*The Town of Fredonia is an equal opportunity provider and employer*