

Bluffdale City
Terminated Utility Customer Form

Terminated Customer Account Number _____

Terminated Customer Name _____

Service Address _____

Disconnect Date _____

Terminated Customer's Forwarding Address:

Name _____

Street _____

City _____ State _____ Zip _____

Signature of Requester _____ Date _____

Meter # _____

Final Meter Reading _____ Date _____

Termination Balance _____ Date Paid _____

Remarks _____

Service Transferred to:

New Customer Number _____

New Customer Name _____