## **GLADEVILLE UTILITY DISTRICT**

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## **DISCONNECTION OF SERVICE REQUEST**

| Date:                               | Account #   |
|-------------------------------------|---|
| Phone #                             | Email Address   |
| I,                                  | request a final reading on my account located at :  |
| The last day I need water service i | in my name is:  |
| Forwarding address:                 |   |
|                                     |   |
| Signature                           | Date  |
|                                     | Copy of Driver's License or Photo Identification of Name Requesting Disconnection of Service. |
|                                     |   |