**The City of Montesano**

**Utility Shut off Form**

**If you are a City of Montesano utilities customer and would like to have your services shut off or removed from your name, please complete this form and return to City Hall.**

**Authorization Statement: I,** Click here to enter text. **Hereby give the City of Montesano the authorization to close my utility account at the address provided below.**

**The date I would like my name removed from the account is:** Click here to enter text.

**Please choose one of the choices below:**

**Please shut off all utilities:** Click here to enter text. **Please leave all utilities on:** Click here to enter text.

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| --- | --- | --- |
| Service Address  Click here to enter text. | | |
| Name on the Account  Click here to enter text. | | Phone Number  Click here to enter text. |
| Mailing address  Click here to enter text. | | Cell Phone  Click here to enter text. |
| City  Click here to enter text. | State  Click here to enter text. | Zip Code  Click here to enter text. |
| Driver’s License Number and issuing State  Click here to enter text. | | Social Security Number  Click here to enter text. |
| Employer  Click here to enter text. | | Work Phone Number  Click here to enter text. |
| Applicants Signature  Click here to enter text. | | Date  Click here to enter text. |

If Applicable:

|  |  |
| --- | --- |
| Landlords Name  Click here to enter text. | Phone Number  Click here to enter text. |
| Landlords Address  Click here to enter text. | City, State, Zip  Click here to enter text. |

**Completed forms shall be submitted to City Hall 112 North Main Street, Montesano WA 98563**

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| **For Staff Use Only**  **Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Member Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Water Previous Reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Entered into System\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |