



CITY OF MASON

DISCONNECT / TRANSFER REQUEST

Disconnect ☐ **Transfer** ☐ **Acct #** _____

Name of Primary Applicant: _____

Name of Secondary Applicant: _____

Date of Request: _____

Date of Disconnect/Transfer: _____

Address service is to be disconnected: _____

Address service is to be transferred to: _____

Mail final bill/refund to: _____

Phone: _____

The customer has requested the changes described above. The customer agrees to any fees that may be added to their account and accepts all responsibility connected to this request.

Primary Applicant _____

Secondary Applicant _____

Employee Initials _____