



## **Service Discontinuation**

Date:	Account #:
Meter #:	Radio #:
Service Location:	
Name:	
Mailing Address:	
Phone Number:	
account which will end the count the future, the then applicable completed. I have received discontinuing service.  Please sign and return this to the following service.	like to discontinue utility services for the above utility arrent bond requirement. In order to reinstate the service in le reconnection fee must be paid prior to any work being ed a copy of the ordinance explaining the process for form to the City of Grangeville.
Signature:	
Office Use Only	
Meter removed and mete Service line and all appur	
Notes:	
Signatur	Date of Completion