

**TOWN OF IOWA
UTILITY ACCOUNT TERMINATION FORM**

Name on the Account: _____ Account Number: _____

Service Address: _____

Date to Terminate: _____ Reason for termination _____

ACH Customer: Yes No

Mailing Address: (Where would you like to receive your Final Bill / Refund)

Home Phone _____
Cell Phone _____
Other _____

Print Name

Signature

Date

Utility Clerk Signature

Date

The primary account holder/co-applicant will be held responsible for unpaid balance not covered by your utility deposit. Active deposits are applied towards unpaid balance on your account and a refund check will be mailed for remaining funds if available.

*Refunds are mailed to address given and can take up to 3 weeks to be returned.