CITY OF FLORENCE
DISCONTINUE SERVICE REQUEST FORM

SERVICE ADDRESS:_____ACCT:_____

I _____REQUEST THAT THE SERVICE AS

REFERENCED ABOVE BE TURNED OFF _____/_____/_____. MY FORWARDING

ADDRESS WILL BE:_____

_____

_____

ARE YOU ON AUTOMATIC PAYMENT? _____YES _____ NO

SOLD:_____ TENANT:_____ OWNER: _____ PROP. MGMT:_____ ON VACATION:_____

READING:_____ SIGNATURE:_____