Santaquin City Utilities SHUT OFF/TERMINATION REQUEST

in

Account Name:	Account #:
Service Address:	
Forwarding/Mailing Address:	
City, State, & Zip:	
Telephone Number:	
Please disconnect as of:	(Date must be within 48 hours of filling of this request.)
For the following reason:	
□ I was a tenant and have vacated the resid	dence.
I am the landlord and the tenant has vacated the residence.	
I was the home owner and no longer own the property. Closing Date:	
	nt and does not require services to be on. nonthly base rate fees, and a re-connection fee will be required upon re-
 I am the home owner. The home is vacar I have included the meter lockout fee to a 	•
	hereby authorize and request the shut off of the utilities at the above
named account.	
Signature	
	For City Use:
Request received on:	
□ Transfer □ Disconnect	
MXU ID: Water:	PI:
Final Reads: 🔲 Water:	PI:
Comments:	