

TURN OFF WATER SERVICE

TURN OFF

NAME _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

MOVING TO _____

PHONE # _____ **SS #** _____

EMAIL ADDRESS _____

OWNER _____ **RENTER** _____ **LANDLORD** _____

CUSTOMER SIGNATURE _____

OFFICE USE ONLY

Date _____ Time _____ Book _____ Acct# _____

DEPOSIT DATE _____ DEPOSIT # _____ \$ _____

READING _____

Date you would like service to end in your name:

We will call you to confirm this information. Be sure to include a current valid phone number.

Contact Info:

City Utilities
300 Cherry St
P.O. Box 5177
Huntington IN 46750

Phone: 260-356-3220
Fax: 260-356-0344

Email:
jennifer.gunn@huntington.in.us

REQUIRED:

- **Fill out above TURN OFF form** (all highlighted areas)
 - **WE MUST HAVE A SIGNATURE!**
- **Be sure to include a forwarding mailing address where we can send your Final Bill.**
 - Once your Final Bill is paid, your consumer deposit (if applicable) will be returned to you in the form of a paper check to the mailing address provided.

Return information by:

Put in Drop Box:

Located in the City Building, 300 Cherry St – inside the blue door
24 hour availability. Envelopes provided.

Email: jennifer.gunn@huntington.in.us

Mail to: City Utilities, PO Box 5177, Huntington, IN 46750

Please allow 2 to 3 day turn around period.