



# *City of Salem, West Virginia*

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## **APPLICATION TO DISCONNECT CITY SERVICES**

Today's Date: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Service Address: \_\_\_\_\_  
\_\_\_\_\_

Forwarding Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Rent ( ) Own ( )

### If Renting: Property Owner's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**DATE REQUESTED TO DISCONTINUE CITY SERVICES:** \_\_\_\_\_

### **CUSTOMER DEPOSIT (IF APPLICABLE) TO BE APPLIED TO FINAL BILL**

YES  CUSTOMERS INITIALS: \_\_\_\_\_

### **MAIL CUSTOMER SECURITY DEPOSIT (IF APPLICABLE) TO FORWARDING ADDRESS**

YES  CUSTOMERS INITIALS: \_\_\_\_\_

CUSTOMERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_