

The City of Montesano

Utility Shut-Off Form

If you are a City of Montesano utilities customer and would like to have your services shut off or removed from your name, please complete this form and return it to City Hall.

Authorization Statement: I, _____ Hereby give the City of Montesano the authorization to close my utility account at the address provided below.

The date I would like my name removed from the account is: _____

Please choose one of the choices below:

Please shut off all utilities: _____ Please leave all utilities on: _____

Service Address	
Name on Account	Phone Number
New Mailing Address	Cell Phone
City State	Zip
Employer	Work Phone Number
Applicant's Signature	Date

If Applicable:

Landlord's Name	Phone Number
Landlord's Address	City, State, Zip
Landlord's Signature	Date

Completed forms shall be submitted to City Hall, 112 N. Main Street, Montesano WA 98563

Confidentiality Note: This document contains information belonging to the City of Montesano which is confidential and/or legally privileged. The information intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this in error, please immediately notify us by telephone or arrange for return of document to us.

For Staff Use Only	
Account # _____	
Date Received: _____	Staff Member Signature _____
Water Previous Reading: _____	Current Reading _____
Date Entered Into System: _____	Staff Member: _____