

# GLADEVILLE UTILITY DISTRICT

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LISA GRANSTAFF, Office Manager

## Disconnection of Service Request

Date: \_\_\_\_\_

Account # \_\_\_\_\_

Phone # \_\_\_\_\_

Email # \_\_\_\_\_

I, \_\_\_\_\_ request a final reading on my account

located at: \_\_\_\_\_.

The last day I need water service in my name is: \_\_\_\_\_.

Forwarding address is: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Copy of Driver's License or Photo  
Identification of Name **Requesting**  
**Disconnection of Service**