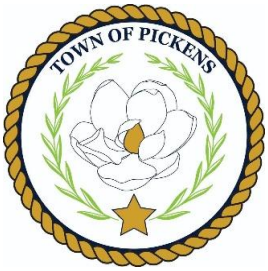

TOWN of PICKENS

UTILITY TERMINATION FORM

ACCT# _____

NAME ON ACCT. _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

DATE TERMINATION REQUESTED _____, 20____

PHONE#_____

BY_____(PRINT NAME)

SIGNED_____ DATE_____

+++FOR OFFICE USER ONLY+++

METER READING_____

METERSN#_____

METER OUT/LOCKED OFF_____

COMPUTER_____