



ACCOUNT CLOSURE REQUEST

Account # _____ - _____ - _____

Name on account _____ Closure Date _____

Address you want to close _____ Phone # _____

Please select a reason: Moved Sold Home Owner Sign off for Tenant Other

Is this account signed up for Rapid Pay/Auto Pay Yes or No?

Please list your forwarding address. _____

****Please note daily charges will continue on your account until we receive your signed request to close the Utility account listed above at which time, we will read the meter and turn off services.***

You may return the completed & signed form in person at 203 S. Pacific Ave-Kelso M-F 9:00-5:00. If you unable to deliver your request in person you may email this form along with your picture ID to utilities@kelso.gov or fax to 360-425-9807 Incomplete requests will not be processed.

Signature

Today's date
