



City of Thorne Bay Disconnect Utility Services

Name _____

Mailing Address _____

Physical Address _____

Services To Be Disconnected:

Water **Sewer** **Garbage**

All services will be discontinued at the same time.

Date to Disconnect Services _____

Signature _____

Date _____

Public Works Information	
Physical Address:	_____
Water Meter # _____	Reading _____
Meter Reader Initials _____	

Office Only	
Amount of Deposit on File:	_____
Refund Deposit?	_____ Yes _____ No
Remove utilities from Quickbooks Memorized Transactions?	
Yes _____	Date _____