

**TERMINATION OF UTILITY SERVICES**



Kittitas County  
PUBLIC UTILITIES DISTRICT NO. 1  
*Providing Safe and Reliable Electric Service*

*Commissioner Joe O'Leary*

*Commissioner Shan Rowbotham*

*Commissioner Paul Rogers*

**\* DATE YOU WISH TO TERMINATE SERVICES:**

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**\* PROPERTY ADDRESS:**

<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
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**\* PRIMARY APPLICANT'S NAME:**

<b>MAILING ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>HOME PHONE #</b> ( ) -	<b>CELL PHONE #</b> ( ) -	
<b>EMPLOYER:</b>	<b>WORK PHONE #</b> ( ) -	
<b>EMAIL ADDRESS:</b>		
<b>DRIVER'S LICENSE #</b>	<b>STATE:</b>	

*I agree and acknowledge by signing that I am disconnecting my utility service with PUD No. 1 of Kittitas County. I understand that I am fully responsible for any charges incurred at the location listed above and agree to have my current account paid in full at time of termination. I understand if the final bill is not paid by the due date, the account will be turned over to collections.*

**\* PRIMARY APPLICANT'S SIGNATURE:**

**DATE:**

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<b>SECONDARY APPLICANT'S NAME:</b>		
<input type="checkbox"/> ROOMMATE <input type="checkbox"/> SPOUSE		
<b>MAILING ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>HOME PHONE #</b> ( ) -	<b>CELL PHONE #</b> ( ) -	
<b>EMPLOYER:</b>	<b>WORK PHONE #</b> ( ) -	
<b>EMAIL ADDRESS:</b>		
<b>DRIVER'S LICENSE #</b>	<b>STATE:</b>	

**SECONDARY APPLICANT'S SIGNATURE:**

**DATE:**

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