

TERMINATION OF UTILITY SERVICES



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

Commissioner Roger Sparks

Commissioner Shan Rowbotham

Commissioner Paul Rogers

\* DATE YOU WISH TO TERMINATE SERVICES:

\* PROPERTY ADDRESS:
CITY: STATE: ZIP CODE:

\* PRIMARY APPLICANT'S NAME:
MAILING ADDRESS:
CITY: STATE: ZIP CODE:
HOME PHONE # ( ) - CELL PHONE # ( ) -
EMPLOYER: WORK PHONE # ( ) -
EMAIL ADDRESS:
DRIVER'S LICENSE # STATE:

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. Final balance paid within 30 days of termination or I will be sent to collections.

\* PRIMARY APPLICANT'S SIGNATURE: DATE:

SECONDARY APPLICANT'S NAME:
ROOMMATE SPOUSE
MAILING ADDRESS:
CITY: STATE: ZIP CODE:
HOME PHONE # ( ) - CELL PHONE # ( ) -
EMPLOYER: WORK PHONE # ( ) -
EMAIL ADDRESS:
DRIVER'S LICENSE # STATE:

SECONDARY APPLICANT'S SIGNATURE: DATE:

\*\*\*FOR OFFICE USE ONLY\*\*\*

COPY OF DRIVERS LICENSE OR OTHER I.D.