

TERMINATION OF UTILITY SERVICES



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

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

| | | |
|----------------------------|---------------|------------------|
| * PROPERTY ADDRESS: | | |
| CITY: | STATE: | ZIP CODE: |

| | | |
|------------------------------------|---------------------|------------------|
| * PRIMARY APPLICANT'S NAME: | | |
| FORWARDING 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. 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:** _____

| | | |
|---|---------------------|------------------|
| SECONDARY APPLICANT'S NAME: | | |
| <input type="checkbox"/> ROOMMATE <input type="checkbox"/> 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:** _____