

ID# _____ ACCT# _____ STOP DATE _____

HULL MUNICIPAL LIGHT PLANT

STOP SERVICE REQUEST

PLEASE PRINT:

LAST NAME _____ FIRST NAME _____

SERVICE LOCATION _____ UNIT # _____

DATE TO STOP SERVICE (MON-THURS ONLY) _____

FORWARDING ADDRESS:

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____

EMAIL: _____

SIGNATURE (S) 1. _____ DATE _____

2. _____

OWNER _____

RENTER _____

SALE _____

FOR OFFICE USE ONLY:

DOOR HANGER _____ KEY _____

ROUTE # _____

METER # _____ READ _____ SHUT OFF _____ BY _____ DATE _____

METER# _____ READ _____ SHUT OFF _____ BY _____ DATE _____

LANDLORD AGREEMENT: NAME _____ ID# _____

DATE ENTERED ON COMPUTER _____ BY _____