

**Cowen Public Service District
P.O. Box 457
Cowen, WV 26206
304-226-3541**

REQUEST FOR DISCONTINUATION OF SERVICE

I DO HEREBY REQUEST THAT SERVICE BE DISCONTINUED IN MY NAME AT THE ADDRESS LISTED BELOW.

CUSTOMER REQUEST ()

TERMINATION ()

TODAYS DATE: _____

EFFECTIVE DATE: _____

SERVICE ADDRESS: _____

ACCOUNT NUMBER: _____

HOME PHONE: _____ CELL PHONE: _____

FORWARDING ADDRESS: _____

I AGREE THAT ANY AND ALL CHARGES INCURRED UP TO AND INCLUDING THE ABOVE DATE AT THIS SERVICE ADDRESS ARE MY RESPONSIBILITY AND I AGREE TO PAY SAID CHARGES.

CUSTOMER SIGNATURE: _____

UTILITY REPRESENTATIVE: _____