

# CITY OF CLARION

121 1<sup>ST</sup> ST SW, PO BOX 266 CLARION IA 50525  
PHONE: 515-532-2847 FAX: 515-532-2171  
clarion@clarioniowa.gov

| FINAL UTILITY BILLING REQUEST FORM |                  |
|------------------------------------|------------------|
| Name(s) that Appears on Bill:      | Contact Phone #: |
| Effective Date to Shut off:        |                  |
| Service Address to Shut Off:       |                  |
| Address to Mail Remaining Deposit: |                  |
| Account Number:                    |                  |
| Additional Comments:               |                  |

By completing this form, I affirm that I request the above service address to be disconnected and I will no longer be charged from the final effective date. I understand that I am responsible for any and all charges to the account that has been billed and/or the final bill. If payment is not received, in full, to City Hall at the end of the 30 days of due date account will be turned over to the State of Iowa's Offset Program or Wright County Treasurer's.

\_\_\_\_\_  
Signature of Customer

\_\_\_\_\_  
Date

Email Address: \_\_\_\_\_

INHOUSE: RECEIVED DATE: \_\_\_\_\_

CLARION REPRESENTATIVE: \_\_\_\_\_