

Three (3) days notice
required for Final
Read / Shut off or
subject to \$50.00
Service Charge



Hebron
CITY OF HEBRON

NAME _____

ACCOUNT _____

HEBRON UTILITIES

SHUT OFF / FINAL READ AGREEMENT

NAME _____

ADDRESS _____

PHONE _____ CELL PHONE _____

UTILITIES: WATER / ELECTRICITY

DATE SHUT OFF / FINAL READ: ____ / ____ / ____

LANDLORD (If tenant) _____ PHONE # _____

CALL DATE (for City Office only) _____

LANDLORD REQUEST Shut off or Keep on

*FORWARDING ADDRESS FOR FINAL BILLING: (If not moving to a location in Hebron)

ADDRESS _____

CITY _____ STATE _____

*NEW HEBRON ADDRESS:

ADDRESS _____

UTILITIES: WATER / ELECTRICITY

START DATE: ____ / ____ / ____

TRASH SERVICE
Tuesday
____ GARBAGE COMPANY (Green)
Thursday
____ BEL-CON (Maroon)

Signature Date