

## Town of Edenton Discontinue

## **Utility Service Application**

Request Cut-O	Off Date://	*Please allow (2) working days to process application
Account Nan	ne:	Account #
Account Veri	ification—Last 4 Digits Only of S	SS#
Service addre	ess:	
Phone:		
		REFUNDING DEPOSITS
A refund check	for any remaining balance will	be mailed to the customer's forwarding address, if provided when discon-
nection is reque	ested. The Town of Edenton bills	s for utility consumption used prior to the actual billing date, so most cus-
tomers disconn	necting services will have at lea	st one more bill for a full month's services and a final bill for a partial
month's service	e. Upon account closing the depo	osit will be applied toward the customer's Final utility bill.
Forwarding A	Address:	
	House Number, Street name, Apt/L	
	City, State, Zip	
PRINT NAME:_		
SIGNATURE:		DATE:

Office (252) 482-2155

Fax: (252)482-7377 Mail to: PO BOX 300, Edenton, NC 27932

E-mail: edenton.utilities@edenton.nc.gov