CITY OF GALLUP

# Discontinue Service

**Please complete this form, attach a copy of a photo ID and return to the Customer Care window at City Hall. You may also e-mail this form to utilities@GallupNM.gov.**

Today's Date

Month Day Year

Requested Termination Date

Month Day Year

Customer Name(s)

First Last

First Last

Service Address

Account Number

–

Auto Draft customers only (please choose one):

☐ Stop automatic drafts. Send me the final bill.

☐ Continue automatic drafts to pay my final bill.

I hereby request termination of all utility services at the address shown above.

X Customer Signature

X Customer Signature

Please provide your forwarding address and contact information. If any refund is due you, we will mail it to this address.

Forwarding Address

City State Zip or Postal Code

Contact Phone

E-Mail

Customer Information

Office Use Only

Request Taken By:

Work Order Number

Notes:

Revised June 2015