

South Carolina CLOSE ACCOUNT FORM

COMPANY _____

Account Number _____

Service Address _____

Customer Name _____

Phone Number _____

Final Billing Address _____

Email Address _____

Service End Date _____

REASON FOR STOP SERVICE:

OWNER SOLD HOME

Closing Date _____ New Owner _____

OWNER IS RENTING OUT HOME

Tenant Move In Date _____ Tenant Name _____

TENANT MOVING OUT

Landlord's Contact Info _____

OTHER (foreclosure, fire, etc...) _____

DISCONNECT SERVICE: YES / NO

WORK ORDER FOR DISCONNECT ISSUED ON _____

****PLEASE NOTE:** If this is a voluntary disconnection, we are not responsible for any damages that may happen if a backup occurs.

Signature: _____ Date: _____