

**CITY OF LONGTON
APPLICATION FOR TERMINATION OF SERVICE**

DATE _____

NAME _____

Current Mailing ADDRESS _____

I hereby request that city services be terminated at the resident located

_____ as of _____.
(address) (date)

Signature

FOR OFFICE ONLY:	DATE SERVICE TURNED OFF:
ACCOUNT NO.	PADLOCKED: <input type="checkbox"/> YES <input type="checkbox"/> NO