



ACCOUNT CLOSURE REQUEST

Name **(as it appears on your bill)** _____

Would like to close my utility account at _____

As of **(must be current or future date)** _____

My forwarding address is _____

My current phone number is _____

***Please note daily charges will continue on your account until we receive your signed request to close the Utility account listed above at which time we will read the meter and turn off services.**

Signature

Date

Special Notes _____

You may return your signed form in person at 203 S. Pacific Ave-Kelso M-F 9:00-5:00. If you are no longer living in the area Or unable to come in person you may email form & copy of your picture ID to utilites@kelso.gov Incomplete Requests will not be processed.