



ACCOUNT CLOSURE REQUEST

Account # _____ - _____ - _____

Name (as it appears on your bill) _____

Would like to close my utility account at _____

As of* (Must be current or future date) _____ Phone # _____

Please select a reason: Moved Sold Home Owner Sign off for Tenant Other

My forwarding address is (this helps us ensure refunds are mailed to the correct address)

*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 _____

Today's date _____

You may return the completed & signed form in person at 203 S. Pacific Ave-Kelso M-F 9:00-5:00. If you unable to deliver your request in person you may email this form along with your picture ID to utilites@kelso.gov or fax to 360-425-9807. Incomplete requests will not be processed.