



The City of McCleary UTILITY SHUT OFF FORM

If you are a City of McCleary utilities customer and would like to have your services shut off or removed from your name, Please complete this form and return it to City Hall.

Authorization Statement: I _____ hereby give the City of McCleary the authorization to close my utility account at the address provided below.

The date I would like my name removed from the account is: _____

Please remove my name from this account and:

- shut off all utilities. leave all utilities on. shut off water & sewer only.

By marking "**shut off all utilities**" above I understand that if my water and/or sewer account remains off for a period of six (6) months or longer I will be responsible to pay the current fees prior to restarting my utility services. (Ref. Resolution 656 & Ordinance 794)

Service Address		Service Location #	
Name on the Account		Phone Number	
Mailing Address		Cell Phone	
City	State	Zip Code	
Email Address			
Drivers License Number		State	
Employer		Work Phone Number	
Applicant Signature		Date	

IF APPLICABLE

Landlords Name	Phone Number
Landlords Address	City
Landlords Signature	Date

Completed forms shall be submitted to City Hall 100 S. 3rd Street, McCleary WA 98557

Confidentiality Note: This document contains information belonging to the City of McCleary which is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this in error, please immediately notify us by telephone to arrange for return of the document to us.

<small>FOR STAFF USE ONLY</small>			
Date Received _____	Staff Member Signature _____		
Water Reading _____	Electric Reading _____		_____
Date Entered into System _____	Staff Member _____		_____