Rochelle Municipal Utilities

333 Lincoln Highway
P.O. Box 456
Rochelle, Illinois 61068
Tele: (815) 562-4155
Fax: (815) 562-5861

REQUEST FOR TERMINATION OF SERVICES

Property Address: _____

I, _____, the account holder for the above
(please print)
address request the following utility services be taken out of my name on _____.
(date)

☐ Electric ☐ Water ☐ Electric and Water

As of the termination date, the property is ☐ occupied ☐ unoccupied ☐ unknown

My forwarding address is _____
Street City Zip Code

I understand if I am the owner of the property, I am liable for the utility services. I understand the services will not be removed from my name until I am no longer the owner of the property.

Account Holder Signature: _____

Phone #: _____

Date: _____

Received By RMU Customer Service: _____
(CS Initial and Date)

FOR OFFICE USE ONLY:

Received by: ☐ Telephone ☐ In Person ☐ Internet ☐ Fax Date: _____

Identity Verification _____

Scheduled for Disconnect: ☐ Electric ☐ Water CS Initial _____