



Authorization for Termination of Service

City of Bartlesville
401 S Johnstone Ave
Bartlesville, OK 74003

I hereby notify the City of Bartlesville to terminate service at the residence named below. Please be advised that I am no longer responsible for services at this address. I certify that this account belongs to me, and I am the authorized signer on the Deposit Card.

** Termination requests received after 11am Monday thru Friday will be processed the next business day. Please allow ONE day for processing if you are using our drop box.

Date Service is to be TERMINATED: _____

Address of Property : _____

Name (as it appears on your bill): _____

Is your account BANK DRAFTED _____ Yes No _____

If YES, should we bank draft your final bill? _____ Yes No _____

Forwarding Address: _____

Contact Phone Number: _____

Authorized Signature: _____

Please Read: This form is not mandatory. If this form is not on file at our office, we will be unable to assist you in determining the correct termination date should questions arise at a later date.