



## 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.