



**City of Richland
CUSTOMER SERVICE**

505 Swift Boulevard
Richland, Washington 99352
Phone: (509) 942-1104
Fax: (509) 942-7779
CustomerService@ci.richland.wa.us

REQUEST TO TERMINATE SERVICES

Customer Name _____
Customer Account Number _____ - _____
Service Address/Location _____
Requested Termination Date _____
Driver's License Number _____

I would like to request that my services be terminated and my account be closed. I understand there will be a meter reading on the date requested for termination and will result in a final billing due 20 days after the final bill date. I will be responsible for all charges through the close date.

CONTACT PHONE Home: _____
Other: _____
EMAIL ADDRESS: _____
FORWARDING ADDRESS: _____

Any changes will be account holder's responsibility to notify the city at least two business days in advance.

_____	_____
Customer Signature	Date
_____	_____
Customer Service Representative	Date

NOTE: Email with attached form completed is accepted in lieu of signature if email address is on file at the City of Richland Customer Service office.