

# WILDERNESS PUBLIC SERVICE DISTRICT

## Discontinue Service Request

Customer Name: \_\_\_\_\_ Account No. \_\_\_\_\_

Last four digits of SSN: \_\_\_\_\_ Drivers' License No.: \_\_\_\_\_  
(for account verification)

Physical Address of Service Location:

\_\_\_\_\_  
\_\_\_\_\_

Current Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Effective Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_