

Town of Byhalia
Cancellation of Services

Account # _____

Final Date _____ Work Order# _____

Name _____

Address _____

Home Telephone# _____ Work Telephone# _____

Forwarding Address _____

Forwarding Telephone# _____

I/We, the undersigned, give the Town of Byhalia the authorization to cancel all services at the property mentioned.

Signature

Date

Signature

Date

Comments _____
