



# Town of Wallingford, Connecticut

DEPARTMENT OF PUBLIC UTILITIES  
ELECTRIC DIVISION  
BUSINESS OFFICE  
100 JOHN STREET  
WALLINGFORD CT 06492  
VOICE: 203-294-2020  
FAX: 203-294-2027

## Request to Disconnect Service – Final Bill

The applicant whose signature appears on the application hereby makes application to the ELECTRIC DIVISION, Department of Public Utilities, to discontinue electric service supplied on the premises described. The applicant agrees to pay the final bill rendered for electricity consumed, as well as any other outstanding charges.

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Customer Acct Number:

Deposit:

Name:

Service Address:

Disconnect date (Monday-Friday, no weekends or Holidays):

Forwarding Address:

Phone Number:

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

PRINTED NAME: \_\_\_\_\_

Today's Date: \_\_\_\_\_

By: \_\_\_\_\_

Individual

Proprietor

Corporation