

Request to Cancel Utility Services

Name: _____

Date of Birth: _____

Driver's License Number: _____

Phone Number: _____

Current Service Information:

Account Number: _____

Service Address: _____

Cancellation Effective Date: _____

Please note Service Requests are not processed on Saturdays and Sundays.

Forwarding Address Information:

Address: _____

City: _____ State: _____ Zip Code: _____

I, the undersigned and above named applicant, hereby request to cancel my utility services with the City of Calera, Alabama. I agree to pay for the services as billed and to comply with the rules and regulations of the City of Calera, Alabama.

Signature: _____

Today's Date: _____

You may email your request to servicerequest@calera.org