

Water Office
1100 Walnut Street
Coshocton, OH 43812

740-622-2626
740-623-5927-Fax



Mark Mills
Mayor

David A. Kadri
Utilities Director

UTILITIES DISCONNECTION REQUEST

Account # _____ Date of Request _____

Customer's Name _____

Billing Address _____

The service address at which utility services are to be disconnected:

The address to be disconnected is:

_____ Single family residence _____ Duplex/triplex

_____ Apartment building with _____ units

Reason for disconnection:

_____ Unoccupied

_____ Temporary - for repairs to: _____

_____ Winter turn-off

_____ Per Owner's Request

_____ Other: _____

Is this a rental unit: _____ Yes _____ No

To induce the City of Coshocton to disconnect utility services to the address herein listed, I certify that I have personal knowledge that the information given above is accurate.

Customer Name Print

Customer's signature

Date

Phone number