

**TOWN OF BUTLER UTILITIES  
DISCONNECT REQUEST**

**CUSTOMER'S NAME:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FORWARDING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DISCONNECT DATE:** \_\_\_\_\_

Your signature below indicates your request to disconnect the existing utilities service indicated and described in the information listed above.

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

**Printed Name:** \_\_\_\_\_

**Clerk's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

**Remarks:** \_\_\_\_\_

\_\_\_\_\_