



REQUEST TO TERMINATE UTILITY SERVICE

Request can be emailed, with photo ID to utilities@oxfordms.net

Desired Termination Date: _____ (*Next Day Service, Monday – Friday*)

Name: _____

Service Address: _____ **Unit #** _____

Forwarding Mailing Address: _____ **Unit #** _____

City _____ State _____ Zip _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Date of Birth: _____ **SSN:** _____ **DL:** _____

Documentation Required: Photo ID (Driver’s License/Passport)

By signing below, I understand that my deposit will be applied to the final bill. If the security Deposit is less than the final bill, a refund check will be mailed to the forwarding address provided above. I agree to pay the balance in full by the due date indicated on the final bill. I understand that if the final bill is not paid by the due date, any outstanding balance will be transferred to my active account or to a collection agency. I understand that I will be responsible for any collection or attorney fees incurred in collecting the balance of the account.

Signature: _____ **Date:** _____

For Office Use Only

Location # _____
Customer # _____
All Information Updated? _____
Mailing Address Checked? _____