



Morgantown Utility Board
TURN OFF SERVICE REQUEST FORM ~ COMMERCIAL

Business Name _____ Account No. (xx.xxxxx.xx -xxxxxx)

Contact Name _____ Social Security # (xxx-xx-xxxx)

Service Address _____

City _____ State _____ Zip _____

Current Home Phone # _____ Current Daytime Phone # _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

Phone number to reach you today: _____

Requested disconnection date (mm/dd/yyyy): _____

Signature of Authorized Company Representative: _____

Please accompany this form with a request on your company letterhead or stationery

TO SUBMIT THIS FORM:

Mail to: Morgantown Utility Board
PO Box 852
Morgantown, WV 26507

Fax to: (304) 292-1526