

Municipal Services Commission of the City of New Castle, Delaware

Subject to the Rules and Regulations of the Municipal Services Commission

Allow three business days to process the application.

Disconnection of Service

Customer Information

Name: _____

Home #: _____

Work #: _____

E-mail address: _____

Account Information

What service do you want disconnected? Electric _____ Water _____

Address: _____

Account #: _____

Disconnect Date: _____

Final Bill Mailing Address

Address: _____

Additional Comments _____

Signature: _____

FOR OFFICE USE ONLY

Date Received: _____

Received by: _____

Deposit: _____

Account #: _____