

Town of Burkeville
P.O. Box 277
Burkeville, VA 23922
Phone- 434-767-4095
Email- townofburkeville@gmail.com



Termination of Services Form

Date Requested: _____

Account Owner: _____

Account number: _____

Service Address: _____

Email Address: _____

Phone Number: _____

New Mailing Address: _____

Account Owner Printed Name

Account Owner Signature

Date

This section is to be completed by Clerk/Treasurer after termination of services is completed:

Final Meter Reading: _____

Date meter was read: _____

Disconnect Date: _____

Outstanding balance: _____

Final Bill amount: _____

Total Owed: _____

Deposit amount used: _____

Remaining Balance: _____

Refunded amount: _____

Check #: _____

Approved by:

Name

Signature

Date