



Town of Wallingford, Connecticut

DEPARTMENT OF PUBLIC UTILITIES
ELECTRIC DIVISION
BUSINESS OFFICE
100 JOHN STREET
WALLINGFORD CT 06492
VOICE: 203-294-2020
ElectricService@wallingfordct.gov

Request to Disconnect Service - Final Bill

The applicant whose signature appears on the application hereby makes application to the ELECTRIC DIVISION, Department of Public Utilities, to discontinue electric service supplied on the premises described. The applicant agrees to pay the final bill rendered for electricity consumed, as well as any other outstanding charges.

Customer Account Number:

Deposit:

Name:

Service Address:

Disconnect Date (Monday – Friday, no weekends or Holidays):

Forwarding Address:

Phone Number:

Signature: _____

Printed Name: _____

Today's Date: _____ By: _____

Individual ☐

Proprietor ☐

Corporation ☐