



The City of Henderson

Written Discontinuance Request

Please discontinue Utilities at _____ (Current Service Address)

On (date) _____. Send final bill or refund to me at the following (forwarding address) _____ (Street), _____ (City, State, Zip)

I am making this written request because: _____

(examples: Moving, Out of Town, Health Concerns, etc.)

Print Name _____ Last 4 of Social Security Number _____

Signature _____ Date Signed _____

Only the person named on this account or their authorized representative may sign this request form. The signature will be verified before service is disconnected.

Return to Customer Service, PO BOX 716, Henderson, KY 42419-0716 Fax (270)831-1254 or Email