



LEVELIZED BILLING CANCELLATION REQUEST

Customer Name: _____

Service Address: _____

Account Number: _____

Contact Phone Number: _____

I wish to cancel my participation in the Levelized Billing program. I understand that my account will be balanced to zero, and any credits or debits will apply to my utility bill the following month. I further understand that I must wait 12 months before requesting participation in the program again. The cancellation will be effective with my bill for the month of _____.

Customer Signature: _____ **Date:** _____