

# Termination of Service Application

(MUST BE RECEIVED PRIOR TO PROPERTY SALE/TENANT MOVE OUT OR MOVE IN DATE TO ENSURE PROMPT FINAL BILL PROCESSING – MUST FILL OUT COMPLETELY)

Drop off at 12 S. Center St. Bensenville, IL 60106 or E-mail to [UtilityBilling@Bensenville.il.us](mailto:UtilityBilling@Bensenville.il.us)

SELECT APPLICABLE OPTIONS BELOW

☐ I AM SELLING MY PROPERTY closing date: \_\_\_\_\_ time: \_\_\_\_AM/PM (REQUIRED)

☐ I AM A TENANT MOVING OUT

☐ I WANT MY NEW TENANT TO TAKE OVER THE ACCOUNT

I WOULD LIKE TO: ☐ PAY FINAL BILL IN PERSON ☐ PAY FINAL BILL ONLINE

\*\*\*FINAL BILLS MUST BE PAID IN PERSON OR ONLINE ONLY– CHECKS CANNOT BE MAILED IN\*\*\*

## PARTY CLOSING OUT THEIR ACCOUNT

Account #: \_\_\_\_\_ Customer #: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Service Address: \_\_\_\_\_

Forwarding Address (REQUIRED) \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Seller's Attorney (if applicable) name: \_\_\_\_\_ telephone#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**PARTY TAKING OVER THE ACCOUNT** ☐ new owner ☐ new tenant ☐ back to owner

Name: \_\_\_\_\_ telephone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Buyer's Attorney (if applicable) name: \_\_\_\_\_ telephone#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

By signing below, I agree to close my account out and place it in the name of the above party taking over the account

Signature \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE USE ONLY

WATER METER#: \_\_\_\_\_ Final Read: \_\_\_\_\_ Date: \_\_\_\_\_

FIRE METER#: \_\_\_\_\_ Final Read: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

