



One Municipal Plaza
401 S. Meridian Street
Lebanon, IN 46052
765-482-5100
www.lebanon-utilities.com

Disconnect Form

Resident Name: _____

Service Address: _____

Disconnect Date: _____ **MUST ALLOW 48 HOURS TO PROCESS**

ACTUAL DATE OF DISCONNECT: _____

Are you on direct pay? _____ *(Final bills will not be on Direct Pay)*

Do you have a sprinkling meter? _____ Will you be taking it with you? _____

New Owner's Name: _____

This form is to verify that utility services at the above address are to be disconnected or transferred out of the current residents' name, as listed above.

Please be aware that as of this date there will be a final reading for your last bill. The Lebanon Utilities bills a few weeks behind so you will receive your last bill within a week of the final reading.

Please provide your forwarding address for your final bill. **We cannot process your request without this information.**

Forwarding address:

New Phone # _____

SIGNATURE: _____ Date: _____