

Jefferson County Public Service District

Permission to Terminate Service

I, _____, authorize the Jefferson County PSD to

terminate my service at _____ on

_____, _____. At this time a final reading will be done.

Please forward my final billing statement to: _____

Account Number: _____

Contact Phone Number: () -

Signature: _____

YES: I would like my Security Deposit applied to my final bill/balance, and any remaining credit be issued to me via check.

NO: I do not want my Security Deposit applied to my final bill. Please issue me a check for the Security Deposit in its entirety.