

Revenue Collections Operations P.O. Box 1878 Mesa, AZ 85211-1878 480.644.2221 Tel 480.644.3066 Fax CreditServices@mesaaz.gov

Commercial Account Turn Off Request

Turn off request for commercial utility services provided by the City of Mesa.

| Service Address/Addresses | | F | Requested Disconnect Date |
|---|----------------------|-----------------------|----------------------------|
| Name of authorized party requesting disconnection of commercial utility se | rvices | | Utility Account # |
| Business Name | | | |
| Mailing Address for Final Bill | | | Phone # |
| Please indicate the services you are requesting to be disconnected: | ☐ Water | ☐ Gas | □ Electric |
| Additional comments regarding the disconnection to assist us in processing | g your request: | | |
| Will this property be occupied after the disconnect date? Yes / | No | | |
| 2. If yes, please provide the name and phone # of the new owner / re | esponsible party | | |
| 3. Is this a residential dwelling? Yes / No Tenant Occupied | Yes / No | | |
| 4. Is this a medical facility? Yes / No | | | |
| All multi-dwellings require a minimum of 2-3 business days to condisconnection. A site visit will be performed to confirm occupancy. I business day. Utility services are turned off Monday thru Thursday, ex | f the property is v | acant, services will | |
| All faxed requests received after 5:30pm will be worked the next business of | day. | | |
| Deposit Refunds | | | |
| Cash deposits will be applied to the final bill. Any remaining credit balance payment was received or final bill date whichever is later. | refund will be issue | ed twenty one (21) bu | siness days after the last |
| Utility Bonds will be released once the final bill is paid in full. The final bill r balances on the final bill will be subject to immediate claim action against the | | | accounts with past due |
| | | | |
| Signature of authorized representative requesting disconnect of services | | D | ate |
| City of Mesa Representative | | D | ate |