

Stop Service Form

Please email this completed form to CustomerService@hillsboroughnc.gov

Date Stop Service Requested: _____

(Please allow up 3 business days to deactivate services.)

Customer Name: _____

Forwarding Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____

Cell #: _____ Email: _____

Last Four Digits of Social Security #: _____ OR Federal Tax Id: _____

Service Address: _____

The deposit on file will be applied to your last utility bill. Any remaining deposit will be returned to you via check and mailed to the forwarding address provided above. Depending on when service is stopped during the billing cycle, this process can take up to 60 days.

Signature: _____ Date: _____