Village of Ilion
Light Department
49 Morgan Street
Ilion, NY 13357

Notice to Disconnect Electric Service

NOTE: WE DO NOT PERFORM DISCONNECTS ON FRIDAY

I, _____ (please PRINT clearly), now receiving Electric at:

_____ Street/Avenue, Apt. No. _____,

hereby request that this service be **discontinued** on _____.

After the date given for my disconnect, you are hereby directed to send record of last (final reading) and statement of my account to:

ALL INFORMATION BELOW IS MANDATORY

FORWARDING ADDRESS:

Street _____ **Date** _____

City, State _____ **Social Security No.**_____

ZipCode _____ **Driver's License No.**_____

Signature _____ **Telephone No.**_____