



CITY OF
Ames[™]

City of Ames, Iowa – Request to Stop Utility Service

**AMES MUNICIPAL UTILITIES
CUSTOMER SERVICE**
515 CLARK AVE
PO BOX 811
AMES, IA 50010-0811

TELEPHONE: 515-239-5120

FAX: 515-239-5286

PLEASE PRINT OR TYPE

(OFFICE USE ONLY)	Name _____
	CID# _____ LID# _____

Customer Information:

Name _____
(Last) (First) (Middle)

Date of Birth ____/____/____ Phone (____) - _____ E-mail _____

Social Security # _____ - _____ - _____ Driver's License # _____ State License Issued _____

Place of Employment _____ Address _____ Phone (____) - _____

Spouse's Name _____ Date of Birth ____/____/____
(Last) (First) (Middle)

Spouse's Social Security # _____ - _____ - _____ Driver's License # _____ State License Issued _____

Spouse's Phone (____) - _____ Spouse's Employer _____ Phone (____) - _____

Date you want service to stop: ____/____/____. Dates available are Monday through Friday, excluding Holidays. If date requested is not a business day, then your service will be terminated on the first available business date after the date you requested.

Your Ames Municipal Utilities Account Number (as it appears on your bill): _____ - _____

Service Address: _____

Forwarding Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Method to contact you if we have questions about your Stop Service Request:

_____ Phone

_____ E-mail

**** Signature ****

Date