



MARK R. JOHNSON  
Mayor

**CITY OF COVINGTON**  
UTILITY BILLING DEPARTMENT  
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## TERMINATION OF UTILITY SERVICES

*The information below must reflect the account holder's information.*

*Also, please provide copy of driver's license of account holder.*

ACCOUNT NAME \_\_\_\_\_

SERVICE LOCATION \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DRIVER'S LICENSE / ID NUMBER \_\_\_\_\_

REQUESTED TERMINATION DATE \_\_\_\_\_  
*(Please allow 24 hours)*

\*Mail refund to final bill address.

**\*FINAL BILL FORWARDING ADDRESS  
(Required)**

\_\_\_\_\_ CITY STATE ZIP

Signature \_\_\_\_\_ Date \_\_\_\_\_