



**City of Blanchard  
Request to Discontinue  
Services**

Disconnect Date:

Customer Name:

Service Address:

Mailing Address

(If Different From Service Address):

Number of Trash cans left on the property:

Number of Recycle carts left on the property:

**Forward Final Bill To:**

Customer Name:

Service Address:

City:

State:

Zip:

Phone Number:

Cell Phone Number:

**Signature** (type name in lieu of signature)

**Date**