

**CITY HALL**  
530 E MONROE AVE  
BUCKEYE AZ 85326

**SUNDANCE**  
21749 W YUMA RD  
BUCKEYE AZ 85326



MONDAY – THURSDAY  
7:00 AM – 6:00 PM  
[UTILITYBILLING@BUCKEYEAZ.GOV](mailto:UTILITYBILLING@BUCKEYEAZ.GOV)  
623-349-6100

<b>TERMINATION FORM</b>
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<b>TODAYS DATE:</b>	<b>*TERMINATION DATE:</b> <small>(MON – THURS EXCLUDING HOLIDAYS)</small>
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**\*Termination Date cannot be same day or any prior date.**

**PROPERTY INFORMATION:**

<b>PROPERTY ADDRESS:</b>	
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**CUSTOMER INFORMATION**

<b>CUSTOMER 1</b>	<b>CUSTOMER 2</b>
<b>NAME (LAST, FIRST):</b>	<b>NAME (LAST, FIRST):</b>
<b>DATE OF BIRTH:</b>	<b>DATE OF BIRTH:</b>
<b>SOCIAL SECURITY #: (LAST FOUR)</b>	<b>SOCIAL SECURITY #: (LAST FOUR)</b>
<b>ID NUMBER/DRIVER LICENSE:</b>	<b>ID NUMBER/DRIVER LICENSE:</b>
<b>PHONE #:</b>	<b>PHONE #:</b>
<b>EMAIL:</b>	

**REQUIRED INFORMATION:**

<b>FORWARDING MAILING ADDRESS:</b>	<b>PROPERTY ADDRESS</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>

**DISCLAIMER:** By submitting this termination, I/we declare under penalty of perjury under the laws of the State of Arizona that all information is true and correct. I have the lawful authority to disconnect utility services for the address identified on this termination form. I am accepting all financial responsibility for the utilities account and I agree; I will remain financially responsible for the utility account until it has been paid in full.

**SIGNATURE OF CUSTOMER 1**

**SIGNATURE OF CUSTOMER 2**

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<b>OFFICE USE ONLY:</b>	<b>ACCOUNT #:</b>	<b>CID #:</b>	<b>CYCLE:</b>
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