Village of Frankfort
110 Railroad St Suite 2
Frankfort, NY 13340
315-894-8811

Notice To Disconnect Services

Electric Water

Account_____ Account _____

Landlord Name _____

Landlord Phone Number _____

Physically Disconnected Yes _____ or No _____

I, _____ (Please Print Clearly), hereby request that the above circled service(s) be discontinued at _____ (Property Location) on _____ (Date of Disconnect).

After the date given for this 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 _____ Signature _____

City, State Zip Code _____ Date _____