



# City of Ames, Iowa – Request to Stop Utility Service

**Ames Municipal Utilities  
Customer Services  
515 Clark Avenue, Room 136  
P. O. Box 811  
Ames, IA 50010-0811**

**Phone: 515-239-5120**

**FAX: 515-239-5286**

**(PLEASE PRINT)**

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

**Customer Information:**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
(Last) (First) (Middle)

Spouse's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Social Security or Driver's License # \_\_\_\_\_

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:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Forwarding Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**How to Contact You - if we have questions about your Stop Request:**

Telephone number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_