

Authorization to Disconnect Services

City of Deming

309 S. Gold – PO Box 706, Deming, NM (575) 546-8848



Date:	Phone:
Customer Name:	Account Number:
Service Address:	Effective Date:
Forwarding Address:	
Reason:	
Processed By:	Work Order #:

Copy of driver's license/State ID Card is Required

DL/ID Number: _____ State _____ Exp. Date _____

By signing this authorization, I give permission for the City of Deming to disconnect my utility services and apply my deposit to my final bill. Any remaining deposit will be forwarded to me at the forwarding address listed in this authorization.

Customer Signature