



STOP SERVICE APPLICATION

* Required field

*Name: _____ *Date of Discontinuance: _____

*Account Number: _____ *Email: _____ *Phone: _____

***Service Type (Check One):**

- ☐ Electric Only *Hingham Renters*
☐ Electric & Water *Hingham Owners/Landlords*
☐ Water Only *Hull & North Cohasset*

***Property Type:**

- ☐ Residential
☐ Commercial

*Service Address: _____
Address City State Zip

*Forwarding Address: _____
Address City State Zip

Comments:

*Signature: _____ *Date: _____