



EFFECTIVE DATE OF CLOSURE:

DATE REQUEST WAS RECEIVED BY SCSA#3:

ACCOUNT #:

SERVICE ADDRESS:

ACCOUNT HOLDER (Please print)

NAME: _____

EMAIL: _____

POST-CLOSING MAILING ADDRESS: _____

PHONE: _____

The undersigned ACCOUNT HOLDER hereby closes their account with Summit County Service Area #3, a special service District of the State of Utah (typically effective the day prior to closing).

This agreement is executed by the selling property owner or by an authorized agent of the selling property owner.

Signature: _____ **Date:** _____

For Staff Use
Approved by: _____ Date: _____

Meter/Inspection/Notes: _____

Check Number: _____ Amount: _____ Purpose: _____