

Utility EPP/PAP Termination

Utility Account Number(s): _____

Service Address: _____

Plan to Terminate: ☐ EPP ☐ PAP

Last Auto Payment Date: _____

Owner's Name: _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____

Additional Comments: _____

Signature of Owner

Date

Signature of Owner

Date

Email this form once completed to utilities@cypress.ab.ca or deliver to the county office.

