



Account Number

**Colorado Centre Metropolitan District**

4770 Horizonview Drive, Colorado Springs, Colorado 80925

Telephone: 719-390-7000 ; Facsimile: 719-390-3709

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## Request to Stop Services

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Service Address: \_\_\_\_\_

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### Forwarding Information

Address: \_\_\_\_\_

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

Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

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Last Date for Trash Pick Up: \_\_\_\_\_

Lease End Date: \_\_\_\_\_

Property Manager: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Title Company: \_\_\_\_\_

Realtor: \_\_\_\_\_

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\*Trash will be stopped at the end of the month as it is not prorated. If the trash tote is lost the account will be billed a \$60.00 replacement fee.

**Account holder must contact the office with any date changes as services can be disconnected on the requested date.**

**Account holder acknowledges they have completed this form.**

Signature