



MARK R. JOHNSON  
*Mayor*

**CITY OF COVINGTON**  
**UTILITY BILLING DEPARTMENT**  
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## TERMINATION OF UTILITY SERVICES

***The information below must reflect the account holder's information.***

***Also, please provide copy of driver's license of account holder.***

ACCOUNT NAME \_\_\_\_\_

SERVICE LOCATION \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DRIVER'S LICENSE / ID NUMBER \_\_\_\_\_

REQUESTED TERMINATION DATE \_\_\_\_\_

*(Please allow 24 hours)*

***Please initial next to preference:***

\_\_\_\_\_ Transfer deposit to \_\_\_\_\_

\_\_\_\_\_ Apply deposit to final bill and refund balance (if any).

\*Mail refund to final bill address.

**\*FINAL BILL FORWARDING ADDRESS**  
***(Required)***

\_\_\_\_\_

CITY

STATE

ZIP

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date