**Section 735.APPENDIX A Notice of Discontinuance of Service**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IMPORTANT! READ THIS IMMEDIATELY | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UTILITY NAME | | | | | | | | |  | | | | | | | | | | CUSTOMER | | | | | | | |  | |
| ADDRESS | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |
| CITY, STATE, ZIP | | | | | | | | | |  | | | | | | | | | ADDRESS | | | | | | | |  | |
| PHONE # | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | ACCOUNT # | | | | | | | |  | |
| YOUR | | (Utility) | | | | | | | | | | | | | SERVICE WILL BE DISCONTINUED ON OR AFTER | | | | | | | | | | | | | |
| (Date) | | | | | | | | | | | . BECAUSE: | | | | | | | | | | | | | | | | | |
|  | | | | | | | | YOU OWE | | | | | | | | | $ |  | | | | | IN PAST DUE BILLS | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | YOU OWE | | | | | | | | | $ |  | | | | | FOR A DEPOSIT FOR  TELEPHONE SERVICE | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | OTHER | | | | | | | | | | (Specify) | | | | | | | | | | |
| TO AVOID DISCONTINUANCE OF | | | | | | | | | | | | | | | | (Utility) | | | | | | SERVICE, YOU MUST PAY | | | | | | |
| $ |  | | | | | | BEFORE | | | | | (Date) | | | | | | . | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*\*\* | | | If you cannot pay the whole amount now, you may be able to get a payment plan | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | with | | | | (Utility Name) | | | | | | | . Call us at Phone # | | | | | |  | | | | | for more information. | | | |
| \*\*\* | | | (Utility name) | | | | | | | | | | has employees on duty from | | | | | | | |  | | | A.M. to | | |  | P.M. |
|  | | | to answer your questions or listen to your complaints. If you do not understand why | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | you owe this money, or if you think there has been a mistake, call | | | | | | | | | | | | | | | | | | | | | | | (Utility Name) | | |
|  | | | at Phone # | | | | |  | | | | | | | , as soon as possible. If the person you talk to cannot help | | | | | | | | | | | | | |
|  | | | you, ask to talk to a supervisor. If the supervisor cannot help you, call the Consumer Affairs Division of the Illinois Commerce Commission at 312-793-2887 (Chicago) or 217-782-2024 (Springfield). Call before you are Discontinued! | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \*\*\* | | | IMPORTANT: If your services are Discontinued, you will have to pay | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | $ |  | | | | | | | | before your service will be turned on again. | | | | | | | | | | | | | | | | |
| (Printed on Red Paper) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reverse Side (Printed on Red Paper) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |