



Utility Billing Office
P O Box 107
Orrville OH 44667
330-684-5017

Utility Information:

Account Number/s: _____

Name: _____

Address: _____

City: _____

Phone: _____

- I, _____, hereby request Orrville Utilities discontinue my contribution to the Bloomin' Orrville program for the above address.

Signature: _____

Date: _____