

STOPPING OR DISCONNECTING SERVICE REQUEST

NOTE: FORM MUST BE SUBMITTED THREE (3) BUSINESS DAYS PRIOR TO STOP DATE.

PLEASE PRINT ALL INFORMATION. A PICTURE ID MUST BE PROVIDED AT TIME OF DISCONNECT.

CURRENT BALANCE OWED MUST BE PAID IN FULL AT TIME OF DISCONNECT. YOU WILL ALSO RECEIVE A FINAL BILL FOR ANY USAGE DURING THE CURRENT BILLING CYCLE IN WHICH YOU DISCONNECT.

Stopping/Disconnection Date: _____

Customer Name: _____

Service Address: _____

Daytime Phone Number: _____

Requester is the: _____ Owner _____ Renter _____ Property Manager _____ Rental Agent

.....
Mailing Address for Closing Bill: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Comments: _____

Signature: _____ **Date:** _____

If you are unable to submit the disconnect form in person, you may mail or fax a completed form along with a copy of your ID to:

City of Grovetown
103 Old Wrightsboro Road
P.O. Box 120
Grovetown, Georgia 30813
Fax: 706-868-9312