



## **DISCONNECT SERVICE FORM**

Account #: \_\_\_\_\_

Customer Name: \_\_\_\_\_

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

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

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

Requested Final Day of Service: \_\_\_\_\_

I hereby request termination of utility service for the account listed above effective on the date indicated.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please PRINT LEGIBLY, complete and return this form to:

City of Austell Finance Department  
5000 Austell Powder Springs Road  
Suite 300  
Austell, GA 30106  
770-944-4300  
Email: [cityhall@austellga.gov](mailto:cityhall@austellga.gov)

**All sections of this form must be completed in full. Incomplete forms will not be processed, and service will not be disconnected until all required information is received.**

### **FOR OFFICE USE ONLY:**

Work Order #: \_\_\_\_\_

Approved by: \_\_\_\_\_