



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

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: _____