

DISCONNECT SERVICE NOTICE

Date: _____

Account Number: _____

Name: _____
(Print)

Service Address: _____

Forwarding Address: _____
(Print)

Last Day of Service: _____

Work Order Number: _____

Phone Number: _____

Customer Signature

Approved By

**Please complete and return to: City of Austell
2716 Broad Street
Austell, GA 30106
Fax: 770-944-2282
Phone: 770-944-4300