



CITY OF STOCKBRIDGE DISCONNECTION REQUEST

ACCOUNT NUMBER: _____

PLEASE INCLUDE DASHES

I _____ request the water to be disconnected at the following address:

CUSTOMER NAME

SERVICE ADDRESS: _____

STREET NUMBER

STREET NAME

CITY

STATE ZIP

DATE FOR WATER TO BE TURNED OFF: _____

MONTH

DAY

YEAR

FORWARDING ADDRESS FOR FINAL BILL:

STREET ADDRESS

APARTMENT/SUITE #

CITY/STATE/ZIP

Daytime Phone Number _____ (Please circle one Home/Cell/Work)

By signing below you are stating you are the person who has authority to discontinue service at the above address for the above account number.

SIGNATURE

DATE

If you fax/mail this request back to Stockbridge City Hall, please include a legible copy of your driver's license, and all blanks **must** be filled in completely.

CITY OF STOCKBRIDGE
4640 NORTH HENRY BLVD.
STOCKBRIDGE, GA 30281
PHONE: 770-389-7901 FAX 770-692-2690