CITY OF ANDERSONVILLE UTILITY SERVICE DISCONNECTION REQUEST

- The account holder is responsible for all consumption charges, penalties, and fees until the service is • officially disconnected, even if they no longer reside at the property. This form must be submitted to the City of Andersonville Utility Office to have service disconnected. Ending utility service is the account holder's responsibility.
- Disconnection requests are processed Monday through Friday only. Requests made for Saturdays, ٠ Sundays, or City holidays will be processed on the next available business day.
- A final reading will be taken on the disconnection date, and your final bill or deposit refund check will be • mailed to the forwarding address you provide below.
- Utility deposits are not transferable between customers. However, if a customer is current with all utility • accounts, deposits can be transferred from one address to a new service address. This process requires submitting a new application for service. Customers may need to adjust their deposit amounts to reflect any deposit updates.
- Verification of the account holder's personal information is required to process this request.

ACCOUNT INFORMATION - PLEASE PRINT

NAME:		ACCOUNT NUMBER:		
SERVICE ADDRESS:		DATE TO DISCONNECT:		
FORWARDING ADDRESS:				
*By providing email address, y	ou agree to receive emails	from the City of Andersonville.		
Utility Service To Be Discontinu	ued:Water	Natural GasSewer		
Location Category:F	Residential	_ Business		
Do you own or rent the proper	rty where you are getting s	ervice discontinued? OwnRent		
If you rent, please list the land	lord's name and contact te	elephone number:		
Name:		_ Phone Number:		
By submitting this form, I certi approve the disconnection of s		scribed above and that I am submitting this form ne City of Andersonville.	to	
Signature		Date:		
Sibilitatate:		but		
OFFICE USE ONLY				
ved by:	Date:	Account Holder's DL#:		