



CITY OF NORCROSS REQUEST FOR DISCONNECTION OF SERVICE

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DATE OF REQUEST: \_\_\_\_\_

CUSTOMER NAME (PLEASE PRINT): \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

SOCIAL SECURITY NO. OR FED TAX ID NO.: \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

**FORWARDING ADDRESS:** \_\_\_\_\_

*(MAKE SURE THIS IS A VALID ADDRESS AS THIS IS WHERE THE REFUND CHECK IS MAILED IF THERE IS A REFUND DUE ONCE YOU ARE FINALED BILLED)*

CITY, STATE, & ZIP: \_\_\_\_\_

HOME TELEPHONE NO: \_\_\_\_\_

CELL NO: \_\_\_\_\_

DATE FOR DISCONNECT: \_\_\_\_\_

DEPOSIT REFUNDED: YES ( ) NO ( )

**(A COPY OF DEPOSIT RECEIPT MUST BE ATTACHED TO THE WORK ORDER FOR REFUND)**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

DATE DISCONNECT REQUEST ENTERED: \_\_\_\_\_

DEPOSIT REFUNDED: YES ( ) NO ( )

NAME OF EMPLOYEE ACCEPTING APPLICATION: \_\_\_\_\_

(PRINT NAME)