



CITY OF NORCROSS REQUEST FOR DISCONNECTION OF SERVICE

TODAY'S DATE: _____

CUSTOMER NAME (PLEASE PRINT): _____

ACCOUNT #: _____

SOCIAL SECURITY NO. OR FED TAX ID NO.: _____

SERVICE ADDRESS: _____

CITY, STATE & ZIP: _____

FORWARDING ADDRESS: _____

PLEASE MAKE SURE THIS IS A VALID ADDRESS. THIS IS WHERE THE REFUND CHECK WILL BE MAILED IF THERE IS A REFUND DUE ONCE THE FINAL BILL HAS BEEN ISSUED.

CITY, STATE, & ZIP: _____

HOME TELEPHONE NO: _____ CELL NO: _____

REQUESTED DATE FOR DISCONNECT: _____

DISCONNECTIONS ARE PERFORMED MONDAY -FRIDAY. PLEASE NOTE THAT DISCONNECTIONS ARE COMPLETED THE MORNING OF THE REQUESTED DATE. THERE IS A \$50.00 RECONNECTION CHARGE IF YOU REQUEST SERVICES TO BE RESTARTED AFTER A DISCONNECTION YOU REQUESTED HAS BEEN COMPLETED.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

FOR OFFICE USE ONLY:

DATE DISCONNECT REQUEST ENTERED: _____

DEPOSIT REFUNDED: YES NO

NAME OF EMPLOYEE ACCEPTING APPLICATION: _____
(PRINT NAME)