

Work Order # _____

Location # _____

Finalize Date _____

Deposit \$ _____



**City of Grantville
PO Box 160
Grantville, GA 30220
(770) 583-2289 (phone)
(770) 583-2280 (fax)**

Account number _____

Customer did not come in

I am requesting that the utilities be disconnected on _____, at the
(Date of disconnect)

Following address: _____. I verify that the deposit and utilities at the above stated address are in my name, and I am the legal party to make this request.

I understand that the meters will be read and the remaining balance due on the account will be subtracted from my utility deposit. I also understand that the balance will be mailed to me or I may pick it up directly at the City Hall office. If there is a balance due, I understand that I am responsible for the remaining amount after my deposit has been subtracted.

Forwarding Address: _____

City _____ State _____ Zip Code _____

Forwarding Telephone Number: _____

Signature

Today's Date

Print Name

Today's Date

Clerk/Witness

Today's Date

COPY OF PICTURE ID IS REQUIRED