



CITY OF NORCROSS REQUEST FOR DISCONNECTION OF SERVICE

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: _____

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

FOR OFFICE USE ONLY:

DATE DISCONNECT REQUEST ENTERED: _____

DEPOSIT REFUNDED: YES () NO ()

NAME OF EMPLOYEE ACCEPTING APPLICATION: _____
(PRINT NAME)