



Name: _____

Account Number: _____

Address to be disconnected: _____

Date for Disconnection (You must choose a business day in the future, we do not cut service off for the same day you fill out this form): _____

Mailing Address for final bill:

Address Line 1: _____

Address Line 2: _____

City, State and Zip: _____

Daytime Contact Phone Number: _____

Email Address: _____

Reason for Disconnection of Service/Comments/Questions:

Please Provide Us with Photo ID Along With This Form (or Disconnect of Service will not occur)

Thanks Have a Great Day ☺

*****Please fax, mail, return, or email back to City of Pell City 205-884-4917 (fax #)*****