



## Utility Disconnection Form

**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 #) \*\*\***