

**STOPPING OR DISCONNECTING SERVICE REQUEST**

**NOTE: FORM MUST BE SUBMITTED THREE (3) BUSINESS DAYS PRIOR TO STOP DATE.**

**PLEASE PRINT ALL INFORMATION. A PICTURE ID MUST BE PROVIDED AT TIME OF DISCONNECT.**

**CURRENT BALANCE OWED MUST BE PAID IN FULL AT TIME OF DISCONNECT. YOU WILL ALSO RECEIVE A FINAL BILL FOR ANY USAGE DURING THE CURRENT BILLING CYCLE IN WHICH YOU DISCONNECT.**

**BALANCES OR CREDITS DUE WILL BE TRANSFERRED FROM THE CUSTOMER'S PREVIOUS ACCOUNT TO THE NEW ACCOUNT IF RELOCATING WITHIN THE CITY'S SERVICE AREA.**

Account: \_\_\_\_\_ Stopping/Disconnection Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Requester is the: \_\_\_\_\_ Owner \_\_\_\_\_ Renter \_\_\_\_\_ Property Manager \_\_\_\_\_ Rental Agent

.....  
Mailing Address for Closing Bill: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are unable to submit the disconnect form in person, you may mail or fax a completed form along with a copy of your ID to:

City of Grovetown  
103 Old Wrightsboro Road  
P.O. Box 120  
Grovetown, Georgia 30813  
Fax: 706-868-9312