

Disconnection Request

City of Locust Grove
Po Box 900 Locust Grove, Georgia 30248
770-957-5043

In order to do a disconnect request the water must be in the persons name that is submitting the request. If you fax this back to the City of Locust Grove you must also send in a LEGIBLE copy of your driver's license, a contact phone number and all blanks must be filled in completely

PLEASE PRINT CLEARLY

Account# _____

I _____
request the water to be disconnected at the following address

on (date) _____

ADDRESS TO FORWARD FINAL BILL

Please Initial Billing Cycle Acknowledgement for Disconnection:

Billing cycle ends around the 24th of each month. If you cancel after that you WILL be billed another month for usage shown on your meter. _____

INITIALS

Daytime Phone Number _____

Signature _____

Date _____