

# CITY OF DANIELSVILLE

## SERVICE DISCONNECT FORM

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Account Number: \_\_\_ - \_\_\_\_\_ - \_\_\_

Today's Date: \_\_\_\_\_

Preferred Disconnection Date: \_\_\_\_\_ Time: (circle one) AM PM

Service(s) to be Terminated: (please check) WATER \_\_\_\_\_ TRASH \_\_\_\_\_

Reason for Disconnection: \_\_\_\_\_

Name of Account Holder(s): \_\_\_\_\_

Special circumstances or customer requests: \_\_\_\_\_

Service Location Address: (Street Number and Name) \_\_\_\_\_

Person Requesting Disconnection: (if different than account holder) \_\_\_\_\_

Relation to Account Holder: \_\_\_\_\_

**Forwarding Address:** (Street Number and Street Name) \_\_\_\_\_

(City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (County) \_\_\_\_\_

**Telephone Number:** HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

**Copy of Driver's License of person closing account** – needed in order to issue refund.

**Account Holders (Representative's) Signature:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

### FOR DEPARTMENT USE ONLY

Date Work Order Created: \_\_\_\_\_ Received By: \_\_\_\_\_

Date of Disconnection: \_\_\_\_\_ Final Meter Reading: \_\_\_\_\_

Final Billing Process Date: \_\_\_\_\_ Processed By: \_\_\_\_\_

#### Water Deposit Refund

Eligible for Refund:  Yes  No Refund Amount Due: \_\_\_\_\_

Refund Issue Date: \_\_\_\_\_ Processed By: \_\_\_\_\_

Waste Pro Notified of Disconnection (date) \_\_\_\_\_ Staff Initials: \_\_\_\_\_