

**CITY OF FORSYTH  
DISCONNECT FORM**

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

Account Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

**Request Date for Disconnect:** \_\_\_\_\_

(work orders will be completed by 5pm the following business day)

**Do you have a security light that needs to be disconnected? YES \_\_ NO \_\_**

**Mail Final Bill TO:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request that my services be disconnected. I understand that my deposit will be applied to my final bill within 30-45 days, and that I will be liable for any difference. Refund if any, will be mailed to the final bill address.

**Due to our billing cycles, you may be billed for minimum charges even if you have services for only 1 day.**

I have received a copy of the disconnect application.

Signature \_\_\_\_\_

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\*\*\*\*\*FOR OFFICE USE\*\*\*\*\*

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Work Order Number: \_\_\_\_\_

Dates: \_\_\_\_\_

Final Bill Account Number; \_\_\_\_\_