



CITY OF STOCKBRIDGE WATER DISCONNECT REQUEST

ACCOUNT NUMBER: _____

PLEASE INCLUDE DASHES

I, _____, request the water be disconnected at the following address:
PRINT YOUR NAME

SERVICE ADDRESS: _____

STREET NUMBER STREET NAME CITY STATE ZIP CODE

DATE FOR WATER TO BE TURNED OFF: _____

MONTH DAY YEAR

FORWARDING ADDRESS: _____

STREET NUMBER STREET NAME CITY STATE ZIP CODE

DAYTIME PHONE NUMBER: _____ (Please circle one Home/Cell/Work)

EMAIL ADDRESS: _____

By signing below you are stating you are the person who has authority to discontinue service at the above address for the above account number. Filing false information is a crime in Georgia.

SIGNATURE

PRINT NAME

DATE

If you fax/mail this request back to Stockbridge City Hall, please include a legible copy of your valid state-issued driver's license. Incomplete forms will not be accepted. Utility Billing is open Monday – Friday from 8:00 am to 5:00 pm excluding holidays.

CITY OF STOCKBRIDGE
4640 NORTH HENRY BLVD., STOCKBRIDGE, GA 30281
PHONE: 770-389-7901 • FAX 770-692-2690
www.cityofstockbridge.com