

**CLEVELAND PUBLIC WORKS**  
**Phone 706-865-2017 Fax 706-219-3220**  
**email: utility@cityofclevelandga.org**  
**DISCONNECT FORM**

<u>TYPE OF SERVICE</u>	<u>RESIDENTIAL</u>	<u>COMMERCIAL</u>
WATER	_____	_____
SEWER	_____	_____
GARBAGE	_____	_____

DATE OF SERVICE TO BE DISCONNECTED: \_\_\_\_\_

DATE REQUESTED \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
 (address to be disconnected)

PHONE #: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

DOB: \_\_\_\_\_

FORWARDING ADDRESS: (address to receive your final bill/refund)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip

REASON FOR DISCONNECTING SERVICES:  \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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 ( OFFICE USE ONLY)

SERVICE ORDER ENTERED  TIME \_\_\_\_\_ INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

READING ONLY: YES  NO