



Where Georgia comes together.

CITY OF PERRY

DISCONTINUE UTILITY SERVICE

DATE: _____

ACCOUNT #: _____

NAME OR BUSINESS:

BUSINESS: _____

LAST: _____ FIRST: _____

SERVICE ADDRESS:

CHECK ONE:

- MOVING AND CLOSING ACCOUNT
- TRANSFER

DATE REQUESTING SERVICE OFF: _____

FORWARDING ADDRESS

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

SIGNATURE

DATE