



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