

# *Town of Andrews ~ Request for Disconnection of Services*

Requested date of Service Disconnection: \_\_\_\_\_

Account # \_\_\_\_\_

**Account Holder Information:**

Name: \_\_\_\_\_  
Last First Middle Initial

Current Address of Service: \_\_\_\_\_

**Forwarding Address for Final Bill:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is property sold? \_\_\_\_\_ Date of Closing: \_\_\_\_\_

Were you renting? \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Social Security# \_\_\_\_\_

Contact Phone# \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only:**

Final Read Number:

Final Bill Amount: \$

Amount of Deposit: \$

Amount Applied from Deposit to Final Bill: \$

Amount Refunded: \$

Claim Number:

Check Number:

Date of Disbursement:

Date Recorded in Disbursement Book:

Key: \_\_\_ Ledgers: \_\_\_ \_\_\_

Initial upon completion: \_\_\_\_\_