



# City of Cochran

P. O. Box 8  
Cochran, GA 31014

Office (478) 934-6346 Fax (478) 934-3230

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## TERMINATION OF SERVICES

THIS FORM MUST BE COMPLETED TO TERMINATE SERVICES

**NAME:** \_\_\_\_\_ **ACCOUNT:** \_\_\_\_\_

C/O NAME: \_\_\_\_\_

CELL NMBR: \_\_\_\_\_ HOME/OTHER: \_\_\_\_\_

**CURRENT SERVICE ADDRESS:** \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AUTOMATIC BANK DRAFT ON FILE: (YES / NO )

**TYPE OF DISCONNECT:**

SEASONAL \_\_\_\_\_ TEMPORARY \_\_\_\_\_ TRANSFER \_\_\_\_\_ FINAL \_\_\_\_\_

**SERVICES DISCONNECTED:**

WATER \_\_\_\_\_ SEWER \_\_\_\_\_ GARBAGE \_\_\_\_\_ GAS \_\_\_\_\_ SPRINKLER \_\_\_\_\_

I HEREBY REQUEST TERMINATION OF SERVICES BY THE CITY OF COCHRAN AT THE ABOVE LOCATION

**EFFECTIVE DATE:** \_\_\_\_\_

**FORWARDING ADDRESS FOR FINAL BILL:**

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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FOR OFFICE USE ONLY

DATE OF REQUEST: \_\_\_\_\_

RECEIVED FORWARDING ADDRESS: YES / NO

RECEIVED WRITTEN NOTICE: YES / NO

RECEIVED DATE OF DISCONNECT: YES / NO

CSR INITIALS: \_\_\_\_\_

DATE: \_\_\_\_\_

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112 W. Dykes Street  
Cochran, GA 31014