



City of Cochran

PO Box 8
Cochran, GA 31014

Office - 478-934-6346

Fax 478-934-3230

TERMINATION OF SERVICES

THIS FORM MUST BE COMPLETED TO TERMINATE SERVICES

NAME: _____ ACCOUNT # _____

C/O NAME: _____

CELL NO. _____ WORK/OTHER _____

CURRENT SERVICE ADDRESS _____

EMAIL ADDRESS _____

AUTOMATIC BANK DRAFT ON FILE (YES / NO)

TYPE OF DISCONNECT

SEASONAL _____ TEMPORARY _____ TRANSFER _____ FINAL _____

SERVICES DISCONNECTED

WATER _____ SEWER _____ TRASH _____ GAS _____ SPRINKLER _____

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

EFFECTIVE DATE _____

FORWARDING ADDRESS FOR FINAL BILL _____

SIGNATURE _____ DATE _____

FOR OFFICIAL USE ONLY

DATE OF REQUEST _____

RECEIVED FORWARDING ADDRESS (YES / NO)

CSR INITIALS _____

RECEIVED DATE OF DISCONNECT (YES / NO)

DATE _____