



Request for Disconnection of Service

All Fields with an asterisk (*) must be filled out to process this request

*Account #: _____ *Last 4 digits of SS#: _____

*Account Holder Name: _____ CID#: _____

*Service Address: _____

*City: _____ *State: _____ *Zip: _____

*Forwarding Address: _____

*City: _____ *State: _____ *Zip: _____

*Check Services to Disconnect: Lights: Water/Sewer: Trash:

*Date to be disconnected: _____ *Contact Phone: _____

As the customer requesting disconnection of a service or services from Anderson City Utilities, I am signing that I am in agreement with the details outlined above on this request form and wish to have this disconnect executed on the date stated.

*Customer Signature (Type your Name)

*Date Requested

Please submit the completed document and an unexpired copy of a US Government issued photo ID for the account holder by email at landlords@cityofanderson.com or by fax to (765)648-5929.