

# Disconnect Notice

## City of Flowood

Date to turn off \_\_\_\_\_ Account # \_\_\_\_\_

Account Name \_\_\_\_\_

Service Address \_\_\_\_\_

New Address \_\_\_\_\_

Disconnect requested by: \_\_\_phone \_\_\_person \_\_\_mail

Customer Signature \_\_\_\_\_

Clerk \_\_\_\_\_ Date \_\_\_\_\_

.....  
Meter # \_\_\_\_\_ Meter reading \_\_\_\_\_

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

\*\* Was this meter locked when service was terminated?\*\*

YES \_\_\_\_\_ NO \_\_\_\_\_

.....  
For OFFICE use only

Current Reading \_\_\_\_\_

Final billing dates:

Previous Reading \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Gallons Billed \_\_\_\_\_

Original Deposit \$ \_\_\_\_\_

Latitude \_\_\_\_\_ Line of Site position \_\_\_\_\_

Longitude \_\_\_\_\_ W/ R # \_\_\_\_\_

Lot # \_\_\_\_\_ Sewer Meter # \_\_\_\_\_

Phone \_\_\_\_\_ TAKE OFF DRAFT \_\_\_\_\_