

CITY OF PORT WENTWORTH UTILITY SERVICES
DISCONNECTION FORM

NAME: _____

SERVICE ADDRESS: _____

DISCONNECTION DATE: _____

FORWARDING ADDRESS: _____

PHONE NUMBER: _____

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY:

CUSTOMER # _____

SERVICE ADDRESS #: _____

METER READING: _____

NEW TENNANT IN APP ENTRY? _____