

SERVICE DISCONNECTION

Date: _____ Account #: _____ Location #: _____

Service Address: _____ City: _____

First Name: _____ Last Name _____

Mailing Address: _____ City: _____ Zip: _____

Forwarding Address: _____ City: _____ Zip: _____

Reason for Change: Moving Sold Property
 Other: _____

SIGNATURE

PRINT NAME

ADDRESS / NAME CHANGE

Date: _____ Account #: _____ Location #: _____

Service Address: _____ City: _____

First Name: _____ Last Name _____

NAME CHANGE:

First Name: _____ Last Name _____

NEW MAILING ADDRESS:

City: _____ Zip: _____

Reason for Change: Moving Sold Property
 Other: _____

Driver's License #: _____ State _____
(Attach Copy of Driver's License to this Application)

SIGNATURE

PRINT NAME

UTILITY SERVICES

Email-utilitybilling@cityofclaytonga.gov

Phone: 706-782-4512 Fax: 706-782-4596