



Stop Service Request

Name of Occupant(s): _____

Contact Number: _____

Account Number: _____

Service Address: _____

Disconnect Date (Mon-Fri): _____

Forwarding Address: _____

New Occupant(s): _____

Sign Name: _____

Print Name: _____

Executed This _____ Day of _____, 20 _____.

You must provide at least one form of photo ID with this request. If mailing or emailing form, please send legible photocopy of ID with form.

For Office Use Only:

Accepted and Approved This _____ Day of _____, 20____ By the
Piedmont Municipal Authority.

Piedmont Municipal Authority
Utility Billing Coordinator