

**STOP SERVICE REQUEST**

OCCUPANT(S): \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

FORWARDING ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

DISCONNECT DATE (MON-FRI): \_\_\_\_\_

NEW OCCUPANT(S): \_\_\_\_\_

EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

SIGN NAME: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**\*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