

## **REQUEST TO DISCONNECT SERVICE**

Today's Date:	Date Utilities are to be <b>Disconnected</b> :
Location Information:	
Your account number (if you know it	e):
Property Address to be Disconnected	d:
Forwarding Address to Receive the F	
Which utilities are you disconnecting	g? (Please mark all that apply):
☐ Water ☐ Sewer ☐ Gas ☐ Gar	bage 🗆 Irrigation Meter
Do you want your <b>deposit</b> □ <u>applied</u>	to your final bill or placed on <u>hold</u> $\Box$ ? (please mark one)
Primary or Secondary account holde	er requesting disconnection:
Name:	
Social Security Number:/	Phone(cell):
Email:	Phone(other):
Signature:	Date:

This request to disconnect services along with a copy of your driver's license or valid government issued picture ID may be submitted via email to <a href="mailto:csr@scottsborowsg.com">csr@scottsborowsg.com</a>.

For more information, please email customer service at <a href="mailto:csr@scottsborowsg.com">csr@scottsborowsg.com</a> or call the office at **256-574-1515** or **256-574-1744**.