



# CITY OF ADAIRSVILLE

116 Public Square  
Adairsville, Georgia 30103  
Office: (770) 773-3451 Fax: (770) 773-2582

## Request for Utilities Disconnection and Deposit refund

NOTE: If person completing this form is different from Account Holder, we will need a copy of photo identification, preferably one that is state issued. **Your final bill will be taken out of your deposit.**

Date of Request: \_\_\_\_\_

Name Listed on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Disconnection Date: \_\_\_\_\_ If a disconnection date is not listed, it will be  
Assumed service is to be disconnected within two  
(2) Business days from date of request.

Address to where utilities are to be turned off: \_\_\_\_\_

Adairsville, Georgia 30103

New Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

NOTE: \_\_\_\_\_

Keep deposit on file:  Apply deposit to account:  Transfer Deposit

*All current and outstanding bills must be paid upon signing disconnect form. I understand that my deposit will be applied to my final bill. The finalization procedure is processed the last week of each month and I will receive bill or refund the following month of disconnection date. Any outstanding balance due to the City of Adairsville is due on or before the 15<sup>th</sup> of following month of disconnection date.*

\_\_\_\_\_  
Signature

For Office Use Only:

ID verified

Attach Completed Work Order to Request Form