

**CITY OF BAY SAINT LOUIS
UTILITY DEPARTMENT
DISCONNECTION FORM**

DATE: _____

NAME ON ACCOUNT: _____

SERVICE ADDRESS: _____

ACCOUNT NUMBER: _____

DATE OF DISCONNECT: _____

PERSON REQUESTING DISCONNECT: _____

PHONE NUMBER: _____

SIGNATURE: _____

FORWARDING ADDRESS: _____

~UTILITY DEPARTMENT ONLY~

APPROVED BY: _____

DATE SERVICE ORDER IS CREATED: _____