In order to do a disconnect request the water must be in the persons name that is submitting the request. If you fax this back to the City of Locust Grove you must also send in a legible copy of your drivers license, a contact phone number and all blanks must be filled in completely

City of Locust Grove
Po Box 900
Locust Grove, Georgia 30248
770-957-5043 FAX 770-954-1223

Disconnection Request

Account#_____

I _____ request the water to be disconnected at the following address_____
on (date) _____

Please forward the final bill to:

_____

_____

Daytime Phone Number_____

Signature _____
Date _____