

Disconnection Request

City of Locust Grove
Po Box 900 Locust Grove, Georgia 30248
770-957-5043 FAX 1-866-364-0996

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

PLEASE PRINT CLEARLY

Account# _____

I _____

request the water to be disconnected at the following address

on (date) _____

ADDRESS TO FORWARD FINAL BILL

Daytime Phone Number _____

Signature _____

Date _____