

**CITY OF MOUNT AIRY
REQUEST FOR DISCONNECTION OF
WATER AND SEWER SERVICE**

**PO Box 1725
Mount Airy, NC 27030
Voice: (336) 786-3517
Fax: (336) 719-7565
E-mail: utilities@mountairy.org**

PLEASE PRINT INFORMATION

Every effort will be made to disconnect your service on the requested date. However, work-loads will sometimes prevent us from being able to meet your request on the specific date requested. You are responsible for all metered consumption through the date we take a final meter reading on your account. In order to help us to meet your request, please notify us at least one week prior to your requested service disconnection.

Date Request Made _____

Date of Requested Service Disconnection _____

Disconnection of Service Requested By _____

Customer Account # _____ - _____

Customer Name: _____ Telephone # _____

Service Location Address _____

Forwarding Address for Final Billing _____

Call (336) 786-3517 to request disconnection of service or mail, fax, or email completed form to:

City of Mount Airy
PO Box 1725
Mount Airy, NC 27030
Fax: (336) 719-7565
Email: utilities@mountairy.org

Office Use Only:

Date Request Received: _____ Received By: _____

Method of Receipt: _____ In Person _____ Telephone _____ Mail _____ Fax _____ Email _____