

## **City of Hawkinsville**

56 Broad Street Hawkinsville, GA 31036 (478)892-3240

## **UTILITY TURN-OFF FORM**

This application must be completed by the person listed on the account and turned in to City Hall before utilities will be turned off. It is the applicants responsibility to confirm receipt of the application. Utility turn-off may take up to 3 days to complete.

Phone: (478) 892-3240
Fax: (478) 783-1699
In Person: 56 Broad Street; Hawkinsville, GA 31036
By Mail: City of Hawkinsville
P.O. Box 120
Hawkinsville, GA 31036

Service Location Information			
Customer Name:	Account Number:		
Service Address:			
Address to Mail the Final Bill:			
Address:	City:	State:	Zip Code:
Disconnect Information			
All turn-offs must be on business days	(Monday-Friday)		
Requested turn off date:			
I	, give the City of Hawki	insville my permission to fin	alize my utility account and
send final bill to above address.			, ,
Signature of Customer	Date	e	
	FOR OFFICE US	SE ONLY	
Received by	Date	e	
Work Order #		tials of Billing Clerk	