



Utility Service Disconnection
City of Baldwin Accounts Receivable
P.O. Box 247
186 Hwy 441 Bypass, Baldwin, GA 30511

Current Account Information:	Customer Name: _____
	Account Number: _____
	Phone Number(s): _____
	E-mail Address: _____
Service Address to Disconnect:	Street: _____
	City: _____ State: _____ Zip: _____
Date of Disconnect:	_____/_____/_____ Month Day Year
Deposit Paid:	YES NO Amount \$_____
Transferred:	If you are moving to another location that we serve, should we transfer your deposit to new location? YES NO
Forwarding Mailing Address (Required)	Street: _____
	City: _____ State: _____ Zip: _____
Customer Signature	_____ Date: _____

If you are a Seasonal (partial year) Customer, please choose one of the following:
____ Turn off Meter, Leave Account Active (Base Fees will be Billed Monthly)
____ Finalize Account

CITY USE ONLY:

Deposit Transferred to Account # _____ Deposit Refund Amount _____
Work Order Creation Date _____ Work Order Completion Date _____
Utility Clerk Processing Form: _____ Date _____