

WORK ORDER # _____

The City of Leesburg
DISCONNECTION OR TRANSFER

Disconnection

Transfer

Date: _____

Account #: _____

CUSTOMER Name: _____

SERVICE Address: _____

DISCONNECTION Date: _____

TRANSFER TO ADDRESS: _____

CONNECTION Date: _____

DISCONNECTION NEW / Forwarding Address

TO GET YOUR DEPOSIT BACK

GIVE US YOUR FORWARDING ADDRESS

Signature: _____