

# The City of Leesburg

## DISCONNECTION OF SERVICES

Disconnection

Transfer

Date: \_\_\_\_\_

Account #: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

\_\_\_\_\_

Disconnection Date: \_\_\_\_\_

NEW / Forwarding Address: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_