



# CITY OF GUYTON

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*Working Together to Make a Difference*

**Mayor**  
Russell Deen  
**City Manager**  
Bill Sawyer  
**City Clerk**  
Tina Chadwick

## Utility Service Disconnect Request

### PLEASE PRINT CLEARLY

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Service End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Service to discontinue: ( ) Water ( ) Sewer ( ) Waste Management

Name (Last Name, First Name): \_\_\_\_\_

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

Forwarding Address: \_\_\_\_\_

Forwarding City, State, & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Reason for Account Deletion: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Not less than three (3) days' notice must be given, in writing, at the City Hall of the City of Guyton to discontinue water, sewer, and solid waste service or to change occupancy. The outgoing party shall be responsible for all water consumed up to the time of departure or the time specified for departure, whichever period is longer. Failure to do so will result in a continuance of service and billing. The occupant will remain responsible for account charges accrued at service address until written request to stop service is received at City Hall.*

*By signing below applicant acknowledges that he/she is aware and has been informed of all procedures pertaining to utility services and agrees to discontinue utility service(s) with the Public Works Department on the date and service address listed above. \_\_\_\_\_ (Applicant Initial)*

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