



## UTILITY SERVICE TURN OFF FORM

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

ACCOUNT \_\_\_\_\_

NAME \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

TURN OFF DATE DESIRED \_\_\_\_\_

FORWARDING ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT PHONE # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

City of Gilmer Fax # 903-843-3508