

CITY OF MAYSVILLE

DISCONNECT SERVICE NOTICE

NAME OF CUSTOMER: \_\_\_\_\_

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

DATE OF DISCONNECTING SERVICE: \_\_\_\_\_

FINAL MAILING ADDRESS FOR FINAL BILL: \_\_\_\_\_  
\_\_\_\_\_

DEPOSIT ON ACCOUNT: \_\_\_\_\_

REFUND DEPOSIT: \_\_\_\_\_

FINAL BILL SENT: \_\_\_\_\_