

CITY OF MANNING



DISCONNECT SERVICE REQUEST

DATE: _____ PHONE NUMBER: _____

NAME: _____

SERVICE ADDRESS: _____

ACCOUNT NUMBER: _____

***FORWARDING ADDRESS: _____

TURN WATER OFF (DATE): _____ METER #: _____

TAKE READING ONLY (DATE): _____ METER #: _____

*** I authorize the City of Manning to perform this service for me. ***I understand that the water and/or sewer connection fee is non-refundable and non-transferable.*** I further understand that I will be responsible for future bills at the above address until this form is signed and returned to the City of Manning Utility Department.

Signature

Date

THE UTILITY BILLING SCHEDULE FOR THE CITY OF MANNING RUNS ONE MONTH IN ARREARS. DUE TO THIS FACT, YOU MAY NOT RECEIVE YOUR FINAL BILL FOR THIS ACCOUNT UNTIL THE NEXT MONTH'S BILLING CYCLE.

***** OFFICE USE ONLY *****

DATE: _____ TIME: _____ INITIALS: _____ READING: _____

COMMENTS: _____

CASHIER'S INITIALS: _____ [DATE POSTED: _____ INITIALS: _____]

**INSTRUCTIONS FOR COMPLETING
DISCONNECT SERVICE REQUEST FORM**

ITEM 1: PROVIDE THE DATE IN WHICH THE FORM IS BEING FILLED OUT.

ITEM 2: PROVIDE THE PHONE NUMBER AT WHICH YOU CAN BE REACHED. (CELL PHONES AND/OR YOUR BUSINESS NUMBER ARE ACCEPTABLE).

ITEM 3: PROVIDE THE NAME AS IT APPEARS ON THE ACCOUNT.

ITEM 4: PROVIDE THE PHYSICAL LOCATION OF THE SERVICE, NOT THE MAILING ADDRESS.

ITEM 5: PROVIDE THE ACCOUNT NUMBER

ITEM 6: PROVIDE THE ADDRESS AT WHICH YOU WILL RECEIVE YOUR FINAL BILL(S).

ITEM 7: PROVIDE THE DATE THAT YOU WILL LIKE TO HAVE YOUR SERVICE TERMINATED.

ITEM 8: THE METER NUMBER IS ON THE BILL UNDER "METER NUMBER".

ITEM 9 & 10: *FOR OFFICE USE ONLY.*

ITEM 11 & 12: THE PERSON WHO'S NAME IS ON THE ACCOUNT MUST SIGN AND DATE THE FORM.

- **THE FORM MUST BE FILLED OUT IN ITS ENTIRETY.**
- **THE SIGNED ORIGINAL FORM MUST BE RETURNED TO
THE CITY OF MANNING
PO BOX 546
MANNING, SC 29102**