



**CITY OF MANNING
DISCONNECT SERVICE REQUEST**

DATE: _____ **PHONE:** _____

NAME: _____

SERVICE ADDRESS: _____

ACCOUNT # _____

FORWARDING ADDRESS: _____

CITY/STATE/ZIP: _____

TURN WATER OFF

DATE: _____ **METER#:** _____

READ 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.

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.

Signature **Date**

******Office Use Only******

Date _____ **Time** _____ **Tech Initials** _____ **Reading:** _____

Start Time _____ **End Time** _____ **Begin Mileage** _____ **End Mileage** _____

Comments: _____
