

29816 S. Montpelier Ave P.O. Box 1000 Albany, LA 70711 (225)567-1101

## **REQUEST FOR DISCONNECTION OF SERVICE**

\*\*All fields must filled out to process this request\*\*

Account #:	_	Drivers License #:
Account Holder Name:		· · · · · · · · · · · · · · · · · · ·
Service Address:		
City:		
Forwarding Address:		
City:		Zip Code:
Date to be disconnected:		
As the customer requesting that I am in agreement with disconnect executed on the d	the details outlined above	from Albany Water Works, I am signing on this request form and wish to have this
Customer Signature		Date

Please submit the completed document and a copy of Drivers License or State ID for the account holder by email at <a href="mailto:hana@townofalbanyla.com">hana@townofalbanyla.com</a> or by fax to (225)567-4902.