

**CITY OF COLLINS**  
**UTILITY DISCONNECT FORM**

ACCOUNT# \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

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

STREET ADDRESS \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF DISCONNECT \_\_\_\_\_

**OFFICE USE ONLY**

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CALLED IN TO \_\_\_\_\_

DATE CALLED IN \_\_\_\_\_

TIME CALLED IN \_\_\_\_\_