

**The Utilities Board of the Town of Grove Hill**  
**22511 US-84**  
**P.O. Box 878**  
**Grove Hill, AL 36451**  
**(251) 235-5600**

Please fill out the information below clearly and precisely. Please contact the Utility Billing Office by phone or email if you have any questions and/or concerns regarding deactivation of an account.

**ACCOUNT DEACTIVATION REQUEST**

Name on the Account\_\_\_\_\_

Social Security Number\_\_\_\_\_ (last 4 digits)

Account Number\_\_\_\_\_

Current address of service\_\_\_\_\_

Forwarding Address (for refund and/or final bill) \*please include city/state/zip code

\_\_\_\_\_

\_\_\_\_\_

Email Address\_\_\_\_\_

Service De-Activation Date\_\_\_\_\_

Phone Number\_\_\_\_\_

***By submitting this form, I certify that I am the person described above and that I am submitting this form to approve the disconnection of service in my name with the Utilities Board of the Town of Grove Hill.***

Signature\_\_\_\_\_

Date Signed\_\_\_\_\_

MIU#\_\_\_\_\_

Final reading\_\_\_\_\_