



# Town of Angier

P.O. Box 278  
Angier, NC 27501  
919-639-2071

## Disconnect Request

Disconnect Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

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

### Required:

Forwarding Address  
Required for Final Billing: \_\_\_\_\_

New Phone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only:

Date Request Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Method of Receipt:  In Person  Mail  Fax  Email

Notes: \_\_\_\_\_