



**Town of Holly Springs Utility Disconnection Application
(Water, Sewer, Garbage, Recycling, Yard Waste)**

Personal Information

Customer Name: _____
Last First Middle

Customer's Social Security #: _____

Customer's Utility Account #: _____

Daytime Phone #: (_____) _____

Email Address: _____

Are you a Bank Draft Customer? Yes No

Disconnection Information

Disconnect Service Address: _____

Date for disconnecting service: ____/____/____ (mm/dd/yy)

The final bill will be printed on the last day of the month in which the disconnection occurs. If you have a utility deposit on file, the deposit will be applied at that time.

NOTE: WE ARE UNABLE TO DISCONNECT SERVICES ON HOLIDAYS OR WEEKENDS. THIS FORM SHOULD BE RECEIVED IN THE OFFICE EITHER BY FAX OR IN PERSON BY 4:30PM FOR SAME DAY DISCONNECTION.

Forwarding Address Information

Forwarding Mail Address: _____

City: _____ State: _____ Zip Code: _____

Signatures

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR THE ABOVE NOTED ACCOUNT. I UNDERSTAND THAT I WILL RECEIVE A FINAL BILL FOR THIS ACCOUNT AND MUST PAY ANY BALANCE DUE TO THE TOWN OF HOLLY SPRINGS.

Customer's Signature: _____ Date: _____

If you would like a phone call confirming receipt of this information please list your contact number below.
Contact Number: _____



Questions? You can reach customer service by phone at (919) 557-3920 or by fax at (919) 557-7407.

FOR OFFICE USE ONLY:

Zip Code: _____ DP: _____ Postal Sort: _____

Final Reading: House: _____ S/S: _____

