

Physical Address: 1000 Municipal Drive
Mailing Address: P. O. Box 1539
Brandon, MS 39042



Phone: 601-825-8421 or 601-824-4579
Fax: 601-825-1015 or 601-824-4582
www.brandonms.org

**DISCONNECTION OF
CITY PROVIDED UTILITY SERVICE**

Service Address _____

Date Service to Be Disconnected _____

For Office Use Only

Garbage Only _____ Sewer Only _____

Account #: _____

Service Order #: _____

Date Entered: _____

Last Name

First Name

Middle

Home Phone: _____ Cell Phone: _____ Email _____

Last Four Digits of Social Security Number/Tax ID Number: _____

Forwarding Address _____

I certify that the above information is true and correct to the best of my knowledge. A final bill will be generated on my behalf and sent to the forwarding address provided. I understand that I am responsible for any balances owed on the account.

Applicant Signature _____

Date _____

TO BE COMPLETED BY CITY

Deposit Information

Main Meter Deposit: _____ If applicable, Second Meter Deposit: _____	IWorq Work Order # _____	Service Off Date _____ Meter Reading _____ By _____ Date Reading Entered in System _____
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