

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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water@brandonms.org