

**CITY OF GRAYSVILLE**  
**Gas and Water Department**

P.O. Box 130 • 246 SOUTH MAIN STREET  
GRAYSVILLE, ALABAMA 35073  
TELEPHONE: (205) 674-5643 • FAX: (205) 674-5640



**REQUEST TO FINAL SERVICE**

**TERMINATION DATE:** \_\_\_\_\_ *Circle One or Both: Gas Water*

**ACCOUNT NAME:** \_\_\_\_\_

**DRIVER LICENSE (PROVIDE COPY):** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

**CUSTOMER #:** \_\_\_\_\_

**PHONE#:** \_\_\_\_\_

**SEND FINAL BILL OR REFUND TO:** \_\_\_\_\_

**Please sign as account owner, power of attorney, or executor to final service. All documents must be presented to show person signing is legal authority of the account. Please provide copy of license and/or person who has authority on behalf of account owner.**

**By signing this agreement, we agree to hold Graysville Gas and Water harmless from any adverse action resulting from the termination of utility service(s).**

\_\_\_\_\_  
**Authorized Signature/Printed Name**

\_\_\_\_\_  
**Graysville Gas and Water**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_