

City of Donaldsonville

P.O. Box 470 Donaldsonville, LA 70346

Phone (225) 473-4247 • Fax (225) 473-0630

Date of Request

Account Name:

Current Address:

Service Disconnect Type (Check all that Apply)

Gas Disconnect  Water/Sewer Disconnect

Account Number:

Gas Account Number (Gas Meter Number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sewer Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forwarding Address (MUST BE ON FILE IN ORDER TO DISCONNECT)

Address:

City, State, Zip:

Date Service to be Disconnected

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City of Donaldsonville Authorized Signature Date

NOTE: IN ORDER TO DISCONNECT, THE CITY MUST HAVE A SOCIAL SECURITY # ON FILE! FAILURE TO PROVIDE THE SOCIAL SECURITY NUMBER WILL DELAY THE PROCESS OF DISCONNECTION.