Print Form

CITY OF COLUMBIA - CUSTOMER SERVICE
P.O. BOX 147, COLUMBIA, S.C. 29217
PHONE: (803) 545-3300 | FAX: (803) 733-8219

RESIDENTIAL SERVICE DISCONNECT REQUEST

Residential account holders may complete this form to arrange disconnection of services. Final readings will be taken on metered services, within five business days of the termination effective date. Completed disconnect forms can be printed and faxed to **803-733-8219** or **mailed to City Of Columbia, Water Customer Service, P.O. BOX 147, COLUMBIA, S.C. 29217.** A final bill will be mailed to account holder with the words **"FINAL BILL". Only bills marked "FINAL" terminate account holder's financial responsibility for service.**

Date: _____

Account Number: 01- - _____ **Last Five of SSN:** - _____

Account Holder's Name: _____ _____ _____
Last Name *First Name* *Middle Name*

Service Address: _____

_____ SC _____ _____
City *State* *Zip Code* *Plus 4*

Effective Date for Termination Request: _____
***Final readings are obtained within five business days from the effective date.**

Final Billing Address: _____

_____ _____ _____ _____
City *State* *Zip Code* *Plus 4*

Telephone: _____ ☐ Home ☐ Work *(check one)* **Best Time to Contact:** ☐ AM ☐ PM

Email Address: _____

***A Customer Service Representative may contact you if additional information is needed.**

Account Signature: _____ **Date:** _____
*Requested information must match account information to process request.

For Office Use Only

Customer Service Representative Name				Date	
Customer Number			Premise		