

**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**

**DATE:** \_\_\_\_\_

**ACCOUNT NAME/DRIVER LICENSE#:** \_\_\_\_\_

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

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

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

**TERMINATION DATE:** \_\_\_\_\_

**SEND FINAL BILL/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.**

**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**

\_\_\_\_\_  
**WITNESS**