



THE CITY OF WEST POINT

WATER & LIGHT DEPARTMENT
644 EAST BROAD STREET • P.O. BOX 1117
WEST POINT, MISSISSIPPI 39773

MAYOR
HARMON A. ROBINSON

SELECTMEN
LETA TURNER
WILLIAM BINDER
KEN POOLE
KEITH MCBRAYER
JASPER PITMAN

Effective November 27, 2007

Revised December 7, 2010

Disconnect Notice

Name: _____

Service Address: _____

Forwarding Address: _____

Date of Disconnection (Mon-Fri) _____ Phone#: _____

***Please Read*- PHOTO ID FOR ALL ACCOUNT HOLDERS REQUIRED**

I understand that billing is a month in arrears and the final bill is not payable on the day of disconnection. Therefore, I will receive a final bill after I disconnect services. Also, I understand that my deposit will be applied to the final bill at the above location. I agree to pay any monies owed prior to the final bill at the above location. If the bill is less than the deposit, a refund check will be forwarded to the forwarding address given on this form. I understand that the refund will be mailed within 6-8 weeks after the disconnection date requested on the form.

If the deposit is less than the final bill, I will be responsible for paying the balance due. I am aware that failure to pay any balance due will result in the account being delinquent and considered bad debt against my credit. I also agree to pay all collection and/or all legal fees incurred by the City Of West Point in collecting any unpaid amounts.

Customer Signature _____ Date: _____

Employee Received By: _____

Date Received: _____

Extension Only-Only sign here if you need services extended past the disconnect date above

Customer's Signature

Revised Disconnect Date

Today's Date