



CITY OF HARRISONBURG

UTILITY DISCONNECTION

2155 Beery Rd

Harrisonburg, VA 22801

540-434-9959

540-434-9769 fax

Waterservice@harrisonburgva.gov

**** FOR OFFICE USE ONLY****

CID#: _____

UTILITY ACCOUNT#: _____

ENTERED BY: _____

APPROVED BY: _____

I (we) hereby authorize the City of Harrisonburg, Virginia, hereinafter called City, and my (our) financial institution to automatically pay my (our) monthly utility (water, sewer, refuse and solid waste management collection) bill from my (our) checking or savings account.

UTILITY DISCONNECTION FORM

Date of Disconnect: _____

Service address to be disconnected:

Customer Name: _____

Phone Number: _____

Account Number: _____

Last 4 digits of Social Security #: _____

(You must choose a business day in the future; we do not disconnect service the same day form is submitted, no weekends or holidays)

Mailing address for final bill:

Address Line 1

Address Line 2

City, State, and Zip Code

Email Address

Comments/Questions