



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, to terminate the monthly utility (water, sewer, refuse and solid waste management collection) service.

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