City of Decatur
Final/Transfer of Service Request

Type of Request: ☐ Final ☐ Transfer
please check one *Complete Section A* *Complete Section B*

Name:_____
Last *First* *Middle*

Phone:_____
Home *Business* *Cell*

Valid Driver's License Number:_____State;_____D.O.B._____

Disconnect/Final Service

Service Address: _____
Street
Account #_____ Meter #_____

Forwarding Address:_____
Street *City/State* *Zip*

Date to Disconnect:_____

Section A

Transfer Service

Current Service Address: _____
Street
Date To Disconnect:_____

Account #_____ Meter#_____

New Service Address:_____☐ Rent ☐ Own
Street ***Documents Required*
Account #_____Meter #_____

Date to Connect:_____

*** For transfers only, the City of Decatur will bill a $10.00 non-refundable transfer fee.*

Section B

CONFIDENTIALITY REQUEST

☐ I hereby request confidentiality of my personal information by the City of Decatur's Utility Billing Division.

*****All Delinquent Accounts will be sent to McCreary, Veselka, Bragg & Allen, P. C. Attorneys at Law.***

_____ _____
Signature *Date*