

Columbia County Utilities

Termination of Services Form



Customer Account Number: _____

Name on Account: _____

Phone Number: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Effective Shut Off date: _____

Forwarding Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____