



# CITY OF HAMPTON

17 East Main Street South  
Hampton, Ga 30228  
(770)-946-4306

[utilities@hamptonga.gov](mailto:utilities@hamptonga.gov)

## DISCONNECTION OF SERVICE AND FINAL BILL

REQUESTED DATE OF DISCONNECTION: \_\_\_\_\_ TODAYS DATE: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

***The City of Hampton bills one month behind. Your bill that is owed at disconnection will NOT be your Final Bill. Final Bills are calculated once a month and once regular billing is completed. Your original deposit will be applied to the remaining account balance (if not already applied) and what is left will be mailed to your forwarding address. However, if your deposit does not cover your entire Final Bill, you will have 45 days from the date of disconnection to pay the remaining account balance before being turned over to collections.***

### PERMANENT MAILING ADDRESS FOR FINAL BILL STATEMENT

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

***I am responsible for all service furnished by the City of Hampton up until disconnection date. If I fail to pay any remaining balance, I understand that this balance will be subtracted from any deposit refund if applicable. Any remaining amount will paid within 45 days of the disconnection date, otherwise the account holder will be turned over to collections. I acknowledge that all utility service guidelines may be found on the website or at Hampton City Hall. Before signing this document, verify that the content you are signing is correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMAIL THIS FORM:**  
[UTILITIES@HAMPTONGA.GOV](mailto:UTILITIES@HAMPTONGA.GOV)

**FAX THIS FORM:**  
770-946-4356

**MAIL THIS FORM:**  
PO BOX 400  
HAMPTON, GA 30228