

**City of Olive Branch
Cancellation of Services**

Final Date _____

Work Order # _____

Name _____

Service Address _____

Home Telephone # _____ Work Telephone # _____

Subdivision _____ Lot # _____

Forwarding Address _____

Forwarding Telephone # _____

I/We the undersigned give the City of Olive Branch the authorization to cancel all services at the property mentioned.

Signature

Date

Signature of Spouse/Other

Date

(Office Use Only)

Account # _____

Receipt # Gas _____

Water _____

Deposit Amt Gas _____

Water _____

Gas Meter # _____

Water Meter # _____

Present Reading _____

Present Reading _____

Comments _____

