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 _____

_____

_____

City of Olive Branch * 9200 Pigeon Roost Rd.* Olive Branch MS 38654

Phone # 662-892-9307 * 662-892-9305 * Fax # 662-892-9324