



Town of Alto

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Water Disconnect Form

911 Address: _____

Customer Name: _____

Mailing Address: _____
(New) _____

Account # : _____ Meter # : _____

Disconnect Date: _____

___ Please check if you want your final bill deducted from your deposit. You understand that it will take an extra billing cycle for this process.

Customer Signature: _____

Per New Customer: _____

Office Use Only:

Final Billing Dates:	
Final Meter Reading:	

Notes: _____