



Disconnect Form

106 East Washington Street
Mebane, NC 27302
Phone (919) 563-5901
Fax (919) 304-9281

Account Holder

Last Name

First Name

Account Holder

Last Name

First Name

Account Number

Effective Date

Service Address:

(Address where service is to be disconnected)

Forwarding Address:

(Address for Final Bill or Refund)

Reason For Disconnect

Phone Number

Email address

Date

Signed (X)

Signed (X)

Important Note: Two signatures are required for accounts in joint names. Pursuant to 42 U.S.C. 405(c)(2)(C)(i), personal information collected by the City of Mebane will only be used to ensure proper identification in the pursuit of delinquent charges. In no case will the information be shared, sold, or otherwise made available for public inspection.