

Water & Trash Department
P. O. Box 1094
125 West Fort Macon Road
Atlantic Beach, NC 28512



Phone: (252) 726-1366
Fax: (252) 726-7603
E-mail: waterbilling@atlanticbeach-nc.com

REQUEST FOR DISCONNECTION OF WATER SERVICE/TRASH SERVICE

Customer Name: _____ **Phone #:** _____

Local Service Address: _____

Requested Disconnect Date: _____

Forwarding Mailing Address: (for refund or final bill)

Name & address of new owner: (if property has been sold)

Name & address of property owner, rental agency or new renter: (if rental property)

(Signature)

(Date)

For Office Use Only

Account # _____

Route # _____

Sequence # _____

Meter Off/On _____

Final Meter Reading _____

Create Final Bill _____