# TUPELO WATER & LIGHT DEPARTMENT

**333 Court St./P.O. Box 588**
**Tupelo, MS 38802**
**Tel. 662-841-6470 / Fax 662-841-6471**

## REQUEST TO DISCONTINUE UTILITY SERVICE

Today's Date _____

Full Name (As Shown on ID) _____

**OR** Company Name _____

Phone # _____ Account # _____

Present Service Address _____

Requested Date to Discontinue Service _____

Forwarding Information (For Final Bill and/or Deposit Refund):

Address _____

City _____ State _____ Zip _____

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This form must be completed in full, signed and returned to:

Tupelo Water & Light Department
Collections and Billing Office
P.O. Box 588
Tupelo, MS 38802-0588

SIGNATURE _____ DATE _____