

**TOWN OF OAK GROVE, LOUISIANA  
CUSTOMER REQUEST FOR CANCELLATION OF SVCS APPLICATION**

**SECTION (A) TO BE COMPLETED BY APPLICANT:**

NAME \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_

DATE SERVICE TO BE DISCONNECTED \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Account No.	_____
Disconnect Date	_____
Meter #	_____ Reading _____
Work Done by	_____
Deposit Pd	\$ _____
Amount Owed	\$ _____
Balance Due	\$ _____
Refund Due	\$ _____