

Notification of Utility Service Set Up/Cut Off
Send Completed Form to Finance Department, Attn: Accounts Payable
Email completed form to: utilityrequest@maconbibb.us

New Service Request

Cut-Off Service Request

Department Requesting Service _____ Date: _____

Department Contact Person _____ Phone # _____

Service Provider/Vendor Name _____

Location of New Service/Service Address

Name _____

Address _____

Date New Service Requested _____

OR

Date of Transfer back to MBC _____

OR

Date Cut-Off Requested _____

| |
|--|
| <u>Type of Phone Service</u> |
| <input type="checkbox"/> Fax Line |
| <input type="checkbox"/> Ring Down Circuit |
| <input type="checkbox"/> Long Distance Service |
| <input type="checkbox"/> Repair Service/Cut Line |

Budget Account # to be charged _____

Reason for Service Change _____

| |
|---|
| <u>For Office Use Only</u> |
| <input type="checkbox"/> Business Line <input type="checkbox"/> Centrex |
| DI Code: _____ |
| Account Number: |
| <input type="checkbox"/> 478-751-7000 |
| <input type="checkbox"/> 478-U14-2061 061 |
| <input type="checkbox"/> 478-U67-0065 311 |
| PIC Code: 0377 _____ |
| Local Contact: _____ |
| Alternate Contact: _____ |
| <input type="checkbox"/> Tax Form |

Department Head Signature

County Manager Signature

Estimated Annual Recurring Savings (for disconnections)