



JACKSON COUNTY UTILITY AUTHORITY

Serving the People...Protecting the Environment

DISCONNECTION REQUEST FORM

JCUA will need a copy of a state/government issued identification for the responsible party listed on the account prior to disconnection being initiated. The completed form and copy of ID can be emailed to customerservice@jcua-ms.us or mailed to PO Box 5129, Vancleave, MS 39565.

ACCOUNT HOLDER: _____

ACCOUNT NUMBER: _____

SERVICE ADDRESS: _____

CONTACT NUMBER : _____

DATE REQUESTED TO INITIATE DISCONNECTION: _____

FORWARDING ADDRESS FOR FINAL BILL: _____

SIGNATURE: _____

DATE: _____

Do not mark below this line. This area to be completed by JCUA staff only.

JCUA Staff Member Receiving Request: _____

Received: _____ Disconnect Req. Verified: _____
Date Time

Forwarded to: _____ When Forwarded: _____
Date Time