

ADDRESS OF JOB:

POWER KILL REQUEST FOR DEMOLITION PERMIT

APPLICANT INFORMATION

Applicant's Name	
Company Name	
Applicant's Address	
City / State / Zip	
Phone Number	
Email	

REQUEST FOR SERVICES TO BE DISCONNECTED

_____(Initials) As required by Section 6-33.2 of the Code of Ordinances of the City or East Point, I, as the applicant listed above request that the following services be disconnected at the above listed address:

- Electrical Gas Water

_____(Initials) I acknowledge that the above location is one of the following types with a Square Footage of _____ :

- Commercial Industrial Residential

_____(Initials) I further acknowledge that disconnection of service to the above location will not affect service to other structures.

SIGNATURES

(Original Signatures and Wet Seal MUST BE CLEARLY SEEN for uploads or Walk-Ins)

Applicant's Signature

Date

Notary's Signature

Expiration Date

(Seal)