

**CITY OF LOGANVILLE  
WATER QUALITY CONTROL DEPARTMENT  
CUSTOMER ACCOUNT SERVICES**

4385 Pecan Street  
Loganville, Georgia 30052  
Telephone: 770.466-1165  
Fax: 770-466-9128

**REQUEST FOR TURN-OFF OF WATER SERVICE**  
**Only the person listed on account must complete**  
**form and return in person or by fax to**  
**City of Loganville Water Quality Control**  
**with a current copy of your Drivers Licenses**

Today's Date: \_\_\_\_\_

NAME: \_\_\_\_\_ Account#: \_\_\_\_\_

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

ADDRESS TO MAIL FINAL BILL

\_\_\_\_\_  
\_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

Please disconnect water on this account on the following Day: (circle one)

Monday      Tuesday      Wednesday      Thursday      Friday

Requested Turn Off Date : \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**\*\*\* Any water consumption before water meter is disconnected will be  
the customers responsibility.\*\*\***