



**City of Oxford**  
mississippi

## DISCONNECTION OF UTILITY SERVICE

Date For Disconnection \_\_\_\_\_ (Next Day Service, Monday-Friday)

Name \_\_\_\_\_

Service Address To Be Disconnected

\_\_\_\_\_ Unit # \_\_\_\_\_

Forwarding Mailing Address

\_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ DL \_\_\_\_\_

I understand that my security deposit will be applied to the final bill. I agree to pay any interim bills prior to the final bill. If the final bill is less than the security deposit, a refund check will be mailed to the forwarding address provided on this form. I understand that the refund will be mailed within six to eight weeks of having service disconnected.

If the security deposit is less than the final bill, I agree to pay the balance due in full by the due date indicated on the final bill. I understand that failure to pay the balance due by the requested date will result in the account being turned over to a collection agency. I also agree to pay any collection or legal fees incurred by the City Of Oxford Electric Department in collecting the balance of the account.

Date \_\_\_\_\_ Signature \_\_\_\_\_

*For Office Use Only*

Location # \_\_\_\_\_ Customer # \_\_\_\_\_

All Information updated? \_\_\_\_\_ Mailing Address Changed? \_\_\_\_\_

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