



CITY OF TWIN CITY

P O BOX 980

112 SOUTH RAILROAD AVENUE

TWIN CITY, GA 30471

(O) 478-763-2695 (F) 478-763-3727

CUT-OFF REQUEST

ACCOUNT NAME:	
SOCIAL SECURITY #:	
PHYSICAL ADDRESS:	
MAILING ADDRESS:	
TELEPHONE #:	
EMPLOYER:	
EMPLOYER TELEPHONE #:	
REQUESTED CUT-OFF DATE:	
CUSTOMER'S SIGNATURE:	
TODAY'S DATE:	
CLERK:	DATE:

BY SIGNING THIS FORM, I AGREE TO PAY THE FINAL BALANCE FROM THE ABOVE ACCOUNT. I ALSO UNDERSTAND THAT I WILL RECEIVE ___ MORE BILL(S) FROM THIS ADDRESS. I UNDERSTAND THAT ANY UNPAID BALANCE WILL BE TURNED OVER TO COLLECTIONS.