



Pete Panepinto
Mayor

CITY OF HAMMOND

UTILITY BILLING DEPARTMENT

310 E. Charles Street

Post Office Box 2788

Hammond, Louisiana 70404

phone 985.277.5615

fax 985.277.5613

website: www.hammond.org

TERMINATION OF UTILITY SERVICES

The information below must reflect the account holder's information.

Also, please provide copy of driver's license of account holder.

ACCOUNT NAME _____

SERVICE LOCATION _____

ACCOUNT NUMBER _____

PHONE NUMBER _____

DRIVER'S LICENSE/ ID NUMBER _____

REQUESTED TERMINATION DATE _____

(Please allow 24 hours)

***Mail refund to final bill address.**

***FINAL BILL FORWARDING ADDRESS
(Required)**

CITY

STATE

ZIP

Signature _____

Date _____