

Utility Request Form
**Send Completed Form to the IT Department/
Communications Division**

or

Email completed form to: utilityrequest@maconbibb.us

New Service Request

Cut-Off Service Request

Department Requesting Service: _____ Date: _____

Department Contact Person: _____ Phone #: _____

Service Provider/Vendor Name: _____
(Select from Dropdown List)

Location of New Service/Service Address:

Name: _____

Address: _____

Date New Service Requested: _____
OR

Date Cut-Off Requested: _____

Account # to be charged:
(REQUIRED) _____

Reason for Service Change:

Department Head Signature

County Manager Signature