



CITY OF ST. MARYS
 WATER DEPARTMENT UTILITY HOLD REQUEST
 418 Osborne Street
 St. Marys, Georgia 31558
 Telephone: 912-510-4000
 Email: utilitybilling@stmarysga.gov

CITY OFFICES WILL HONOR 1 HOLD REQUEST ANNUALLY, FOR NO LONGER THAN A 6 MONTH TIME FRAME AND NO LESS THAN A 6 WEEKS. FOR EXAMPLE: IF YOU REQUEST YOUR METER TO BE TURNED OFF ON 11-01-2018, THE REACTIVATION DATE MAY NOT EXCEED 05-01-2019; BUT MAY BE TURNED BACK ON AS EARLY AS 12-13-2018. THE NEXT ELIGIBLE HOLD DATE FOR YOUR ACCOUNT WILL BE 11-01-2019 OR LATER.

ALL TRASH CANS & RECYCLE BINS MUST BE PLACED CURBSIDE FOR REMOVAL TO STOP BILLING WHILE AN ACCOUNT IS ON HOLD. IF TRASH CAN AND OR RECYCLE BIN IS NOT CURBSIDE, YOU WILL BE BILLED FOR SUCH SERVICES.

CURRENT DATE: _____ ACCOUNT NUMBER: _____

ACCOUNT OWNERS NAME: _____

LAST 4 DIGITS OF ACCOUNT OWNERS SS #: _____

SERVICE ADDRESS: _____

Monday – Friday excluding weekends and holidays

DISCONNECTION/HOLD DATE: _____ 8am-12pm OR 1pm-5pm

Monday – Friday excluding weekends and holidays

REACTIVATION DATE: _____ 8am-12pm OR 1pm-5pm

Someone will have to be at this location when our tech arrives to turn the meter on.

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ EMAIL ADDRESS: _____

EMPLOYER: _____

WORK PHONE #: _____

By signing this form you are aware that complete billing for consumption up to your requested hold date may take up to six weeks. Therefore, you are responsible for all amounts billed to your account. Please contact our office if you have any questions regarding this matter.

****CUSTOMER SIGNATURE:** _____

<i>Office Use Only</i>		
RECEIVED BY CITY OF ST. MARYS WATER DEPARTMENT		
DATE: _____	TIME: _____	INITIAL: _____