

Disconnect Form

CITY OF ST. MARYS WATER DEPARTMENT

418 OSBORNE STREET

ST. MARYS, GEORGIA 31558

www.stmarysga.gov

PHONE: 912-510-4000 FAX: 912-882-5506

Date: _____ Last 4 digits of Social Security # _____

Name: _____

Disconnect Address: _____

Date to be disconnected: _____

Do we provide your garbage services at this address? _____

New Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ (cell/home/work)

Email Address: _____

Employer: _____

Employer Phone #: _____

**** CUSTOMER SIGNATURE:** _____

OFFICE USE ONLY:

RECEIVED BY CITY OF ST. MARYS WATER DEPARTMENT

RECEIVED BY: _____ DATE: _____ TIME: _____

UTILITY ACCOUNT #: _____ SO#: _____