HOLD REQUEST
Disconnect Form

CITY OF ST. MARYS
Water Department
418 OSBORNE STREET
ST. MARYS, GEORGIA 31558
PHONE: 912-510-4000 FAX: 912-882-5506

CURRENT DATE: _____

ACCOUNT OWNERS NAME: _____

LAST 4 DIGITS OF ACCOUNT OWNERS SS # _____

SERVICE ADDRESS: _____

DISCONNECTION DATE: _____

REACTIVATION DATE: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE #: _____

EMPLOYER: _____

WORK PHONE #: _____

****CUSTOMER SIGNATURE:** _____

Office Use Only

RECEIVED BY CITY OF ST. MARYS WATER DEPARTMENT

BY: _____ DATE: _____ TIME: _____

ORIGINAL APPLICATION #_____