



CITY OF RINCON, GEORGIA
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Rincon, GA 31326
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REQUEST FOR WATER DISCONNECTION AND DEPOSIT REFUND

Date of Request _____

Name Listed on Account: _____

Account Number: _____

Date to Disconnect Water: _____

Address to Where Water is to be Turned Off: _____

New Address/Mailing Address: _____

REFUND DEPOSIT

TRANSFER DEPOSIT TO ACCOUNT _____

NEW SERVICE MUST BE ESTABLISHED AT THE SAME TIME AS THE DISCONNECT FORM IS COMPLETED

Signature

NOTE: In order to process this form we will need a copy of photo identification from the account holder. Your final bill will be taken out of your deposit.

FOR OFFICE USE ONLY

Received by:

Staff Signature

Date

SERVICE ORDER #

DL#

DOB