



CITY OF RINCON

302 South Columbia Ave. • P.O. Box 232
Rincon, GA 31326
Phone: (912) 826-5745 – Fax: (912) 826-2083

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