



CITY OF RINCON, GEORGIA

PO Box 232 / 302 S. Columbia Avenue

Rincon, GA 31326

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www.cityofrincon.com

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: _____

Signature

NOTE: If person completing this form is different from Account Holder, we will need a copy of photo identification, preferably one that is state issued. Your final bill will be taken out of your deposit.

FOR OFFICE USE ONLY

Received by:

Staff Signature

Date