



City of Rincon

Request for Water Disconnection and Deposit Refund

Today's Date: _____

Name Listed on Account: _____

Account Number: _____

Date to Disconnect Water: _____

Address 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.