



**PO BOX 452  
106 WASHINGTON STREET  
DARIEN, GA 31305  
(912) 437-6686  
FAX (912) 437-2208**

***Water & Sewer Services **Disconnect*****

Date: \_\_\_\_\_ SS# \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Service Address: \_\_\_\_\_ LIC#: \_\_\_\_\_

Final Mailing Add.: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Do you own this property? Yes No      Are you renting/leasing this property? Yes No

If renting, what is the name of the property/home owner? \_\_\_\_\_

***Requested Date for Disconnect*** \_\_\_\_\_

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***Office Use Only!!***

Deposit Refund Amount \$ \_\_\_\_\_ Check# \_\_\_\_\_

Account# \_\_\_\_\_ Meter Serial# \_\_\_\_\_ FINAL Read \_\_\_\_\_ Date \_\_\_\_\_

Location# \_\_\_\_\_ Plant# \_\_\_\_\_ Cycle# \_\_\_\_\_ Route# \_\_\_\_\_ Folio# \_\_\_\_\_ Read Sequence# \_\_\_\_\_

Authorized Personnel: City Hall - \_\_\_\_\_

Water Dept. - \_\_\_\_\_