



CITY OF FOLKSTON

Water, Sewer & Garbage Account Disconnection Request

Today's Date _____ Cell Phone _____

Customer Name _____

Disconnect Address _____

Account Number _____ Date of Disconnect _____

You may be entitled to a refund, therefore we ask you to provide an accurate mailing address.

NEW Mailing Address _____

City _____ State _____ Zip _____

New Phone Number _____ New Cell _____

Customer Signature _____

===== OFFICE USE ONLY =====

ACCT NO. _____ CUT OFF DATE _____

BY _____ READING _____

NOTES

OFF	W/O	ENTERED	SS
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