



CITY OF FOLKSTON
 Water, Sewer & Garbage Account
 Transfer of Service Request

Name on Acct. _____ Date _____

Home Phone _____ Cell Phone _____

ADDRESS YOU ARE DISCONNECTING

Disconnect Address _____

Date of Disconnect _____

ADDRESS YOU ARE TRANSFERRING TO

New Service Address _____

Service Start Date _____

New Mailing Address _____

Customer Signature _____

Any past due balance on your utility account must be paid prior to your services being transferred

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

DISCONNECT ACCT NO. _____ READING _____

COMPLETED BY _____ DATE _____

NEW SERVICE ACCT NO. _____ READING _____

COMPLETED BY _____ DATE _____

OFF	W/O	ENTERED	SS	ON	W/O	ENTERED	SS
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