

City of Baldwin

CITY OF BALDWIN, GEORGIA UTILITY DISCONNECTION FORM

DATE: _____ ACCOUNT # _____

LAST NAME: _____ FIRST NAME: _____

PHONE: _____ S.S. # _____

ADDRESS TO BE DISCONNECTED: _____

NEW MAILING ADDRESS: _____

DEPOSIT PAID: YES NO AMOUNT: \$ _____

IF YOU ARE MOVING TO ANOTHER ADDRESS THAT WE SERVE WOULD YOU LIKE TO TRANSFER WATER DEPOSIT TO YOUR NEW ACCOUNT? (CIRCLE ONE)

YES NO

DATE REQUESTED: _____ SIGNATURE: _____

CITY USE ONLY

Deposit transferred to: _____ Deposit Refund _____

Water Meter # _____ Final Reading _____

Date of Reading _____ Date Finalized _____
