



**WATER / SEWER / SANITATION**  
**DISCONNECTION FORM**

PLEASE PRINT LEGIBLY

Name on Account: \_\_\_\_\_

Service Address: \_\_\_\_\_

Disconnection Date: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Return Deposit

Keep Deposit on File

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

Customer #: \_\_\_\_\_ Account #: \_\_\_\_\_

Final Meter Reading: \_\_\_\_\_

Deposit on File?  YES  NO

New Customer in App. Entry?  YES  NO

Exempt from Penalties?  YES  NO

Final Bill Work Order #: \_\_\_\_\_

City of Port Wentworth  
305 South Coastal Highway  
Port Wentworth, GA 31407  
Phone: 912-964-4379  
Fax: 912-966-7429