

# City of Springfield

## Disconnection of Water/Sewer Services Request Form

Account No.: \_\_\_\_\_

Service Name: \_\_\_\_\_

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

Contact Phone No.: \_\_\_\_\_

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

*The address given will be where your deposit refund check will be mailed at the end of the month. Please make sure the address is correct so there are no delays.*

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

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I am requesting that my water/sewer service at the above location be disconnected on the date specified on this form. I understand that the deposit paid will cover any balance owed on this account and the remainder of the deposit will be refunded to me by check at the end of the month. The refund will be mailed to the forwarding address given.

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date

**Return Form to Dena Cutchens, Utility Billing Clerk – City of Springfield by one of the following methods:**

**Email:** [dcutchens@springfieldga.org](mailto:dcutchens@springfieldga.org)  
**Mail:** P.O. Box 1  
Springfield, GA 31329

<b>FOR OFFICE USE ONLY</b>
Date Received: _____
Clerk Signature: _____
Date Entered in System: _____