

Bryan County  
Board of Commissioners

Water & Sewer Department



**UTILITY DISCONNECT APPLICATION**

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

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

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

Date to Be Disconnected: \_\_\_\_\_

Mailing address for Final Bill: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I request the utility service as indicated to be DISCONNECTED on the above date. I understand that I will receive a FINAL BILL on the next billing cycle, and that my security deposit will be applied to the final bill, if not paid. If the final bill is paid, my security deposit will be refunded by the end of the following month. If the security deposit is not enough to pay the final bill, I understand that I am responsible for payment. I further understand that any unpaid bills will be turned over to a collection agency.

Signature: \_\_\_\_\_

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

**County Use Only**

Account Number: \_\_\_\_\_

Date of Service: \_\_\_\_\_