



209 S. EXTENSION ST.
P.O. BOX 367
HAZLEHURST, MS 390583

CITY OF HAZLEHURST
WATER DEPARTMENT

PHONE: 601-894-2261
OR 601-894-9012
FAX: 601-894-3086
pay@hazlehurstms.govtportal.com

APPLICATION TO DISCONNECT SERVICE

Service Address _____

Date Services to Be Disconnected _____

Last Name First Name Middle

Home Phone: _____ Cell Phone: _____ Email _____

Social Security Number/Tax ID Number: _____

Forwarding Address _____

I certify the above information is true and correct to the best of my knowledge. A final bill will be generated on my behalf and sent to the forwarding address provided. I understand that I am responsible for any balances owed on the account.

Applicant Signature _____ Date _____

TO BE COMPLETED BY CITY

Deposit Information

Deposit # _____	Account # _____	Service Off Date _____
Deposit Amount \$ _____	Balance _____	Meter Reading _____
	Final Bill _____	By _____