



DISCONNECT REQUEST FORM

100 W SCHOOL ST, RIDGELAND, MS - P O BOX 217, 39158
WATER BILLING: 601-856-3938 - FAX: 601-790-2111

UTILITYBILLING@RIDGELANDMS.ORG

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

SERVICE ADDRESS: _____

DATE TO DISCONNECT SERVICE: _____

*Soonest available date will be the **next business day.***

NEW MAILING ADDRESS:

PHONE: _____ EMAIL: _____

THE RECYCLING CART ISSUED TO THIS SERVICE ADDRESS SHOULD REMAIN ON THE PROPERTY.

Where is the recycle cart located on the property (*garage, carport, behind the house, etc.*)?

Please be specific:

Please read carefully before signing:

I authorize the City of Ridgeland to disconnect services at the service address shown above. I understand the deposit will be applied to the final bill and I will receive a refund or statement for the outstanding balance. If I am on bank draft, my final balance will be debited from my bank account on the 16th of the month of the final bill. After 90 days of the final bill, any unpaid balance will be sent to collections.

SIGNATURE: _____ TODAY'S DATE: _____

**digital or typed signatures not accepted*