

City of Ridgeland 304 Highway 51, 39157 P.O. Box 217, 39158 Phone (601) 856-3938 FAX (601) 856-7819 utilitybilling@ridgelandms.org www.ridgelandms.org

REQUEST TO DISCONNECT SERVICE

DATE OF REQUEST:	ACCOUNT NUMBER:
ACCOUNT NAME:	
SERVICE ADDRESS: DATE TO DISCONNECT SERVICE: (If the date to disconnect is on a week-end or holiday, water will be disconnected the next business day.)	
PHONE:	EMAIL:
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: _____ DATE: _____