



**City Of Pooler**  
**Utility Billing Department**  
**1095 South Rogers Street**  
**Pooler, Georgia 31322**

**MILITARY AND WINTER RESIDENT HOLD FORM**

Sanitation \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Today's Date \_\_\_\_\_

On Hold Date \_\_\_\_\_

End Hold Date \_\_\_\_\_

I \_\_\_\_\_ understand that it is my responsibility to notify the City of Pooler if any dates change and/or I need to place services on hold in the future. A 2 month minimum is required to place services on hold.

\*\*\*\*\*

Account Number \_\_\_\_\_ Date Entered \_\_\_\_\_