

MILITARY SANITATION
HOLD FORM

OFFICE USE ONLY

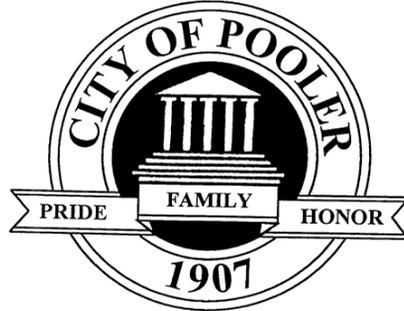
HOLD DATE ____/____/____

ACCT _____

RECONNECT DATE ____/____/____

BY: _____

Please submit this application along with a copy of deployment orders and a photo ID.



City of Pooler
Utility Billing Department
100 US HWY 80 SW
Pooler, GA 31322
Ph (912) 748-7261
utilitybilling@pooler-ga.gov

Today's Date ____/____/____

Service Address _____

Applicant/Owner Information

Owners Name _____

Phone # (____) _____ - _____

Fax # (____) _____ - _____

SSN of Owner _____

Email _____

Email address _____

Mailing Address _____

Employer _____

Phone # (____) _____ - _____

***Temporary suspension of sanitation services must be requested within 24 hours of the effective date of the suspension. Services will be reactivated the month following the ending date of deployment.**