

**TEMPORARY
HOLD FORM**

OFFICE USE ONLY

HOLD DATE ____/____/____

ACCT NO _____

Received on _____

RECONNECT DATE ____/____/____

REQUESTED BY _____

Processed by _____

Please submit application with a copy of ID.
Reconnect date must be confirmed with the Utility
Department.



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 ____/____/____

Hold Date: ____/____/____

Service Address _____

Approximate Activate Date: ____/____/____

Applicant/Owner Information

Owners Name _____

Phone # (____) _____ - _____

Fax # (____) _____ - _____

SSN of Owner _____

Email _____

Email address _____

Mailing Address _____

Employer _____

Phone # (____) _____ - _____

-Temporary suspension of services must be requested within 24 hours of the effective date of suspension.
-Activate date must be confirmed with the Utility Department; otherwise the account will reactivate on the date requested on this form.
Any bills generated after the activation date are the responsibility of the account holder.

By signing below, I acknowledge that I am the account holder, and accept all responsibility pertaining to this request.

Signature: _____