



**City of Pooler  
Water Department  
Disconnection Request**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

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

Cut Off Date \_\_\_\_\_

Forwarding Address \_\_\_\_\_

\_\_\_\_\_

Customer Signature \_\_\_\_\_

PUBLIC WORKS: WATER DEPARTMENT  
1095 SOUTH ROGERS ST, POOLER, GEORGIA 31322  
912-748-4800 | FAX 912-748-6777