



BLUEBERRY CAPITAL OF MISSISSIPPI

CITY OF POPLARVILLE

200 HIGHWAY 26 EAST, POPLARVILLE, MS 39470

Phone: 601-795-8161 Fax: 601-795-0141

On-line Payments: <https://msezpay.com>

deputyclerk2@poplarvillems.gov • cityhall@poplarvillems.gov

REQUEST TO CLOSE ACCOUNT

Account Number: _____

Date: _____

Full Legal Name: _____

Name as it Appears on Bill: _____

Cutoff Address: _____

Send Final Bill or Refund to: _____

Service Address Relocating to: _____
(If PO Box provided above)

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Date Desired for Cutoff of Service: _____

Reason for Cutoff Request: _____

Was the property occupied by: _____ Owner _____ Tenant

Property Owner/Landlord's name: _____

I hereby certify that the above information is true and complete. I understand and acknowledge that I am responsible for prompt payment of all services billed, including any outstanding/delinquent balances by the Poplarville Water Department.

Date

Signature

For Office Use Only: Date Received: _____ Clerk: _____

Work Order Number: _____ Final Reading: _____ Cutoff Date: _____

Meter Reader: _____

Notes: