

Cancellation of Service Form

Account Information

Account Holder's Name: _____

Account Number: _____

Service Address: _____

Are you an Owner or Renter? Owner
 Renter

Cancellation Effective Date: _____

Address to send Final Bill: _____

Telephone Number: _____

Please complete form and email to office@siuc.org or mail to:
Seabrook Island Utility Commission
130 Gardeners Circle, PMB 635
Johns Island, SC 29455

Please notify us of any changes affecting your cancellation date.

If you have a deposit, it will be applied to your final bill. Any remaining credit will be mailed to above address.

Signature: _____ Date: _____



Seabrook Island Utility Commission
Billing Office: 843.868.9008
Monday Through Friday
9:00 AM – 4:00 PM
seabrookislandsc.mygovhub.com