



City of Dawsonville Garbage Service

415 Hwy 53 E, Suite 100
Dawsonville, GA 30534
Phone:(706)265-3256 Fax: (706)265-4214
Email: water@dawsonville-ga.gov

Terminate

DATE to END Water/Sewer/Garbage Service:

Name on Account:

Service Location:

Account Number:

Forwarding Address:

Forwarding Phone #:

Termination Request: (circle all that apply) **Water** **Sewer** **Garbage**

_____ I understand by signing this form that the indicated services with City of Dawsonville Water/Sewer & Garbage will be terminated.

_____ I understand I will be responsible for the monthly services billing until the date of termination.

_____ I understand that any outstanding bills will be deducted from my security deposit and the balance refunded or billed to me.

_____ I understand that any change to my address will affect my voter registration information. I wish to:

_____ Fill out a voter registration application, seal it and leave it with this form (to be forwarded to the Board of Elections & Voter Registration office)

_____ Take voter registration application(s) to fill out later and mail (postage paid)

_____ No longer be registered to vote (I realize that I will need to re-register if I choose to vote in the future)

Snow Bird Status Request to Lock: **Water** **Sewer** **Garbage**

_____ I request that my water meter at the above service address be locked.

_____ I will contact the water department in advance in writing to reactivate this service.

Signature

Printed Name

Date

(Office Use Only)

Meter Reading #	<input type="checkbox"/> Terminated on Garbage Lists	Date:	By:
Garbage Can #	<input type="checkbox"/> Finalized in Computer	Date:	By:
Snow Bird Locked Off: YES NO	<input type="checkbox"/> Snowbird Status in Computer	Date:	By: