

SERVICE SUSPENSION FORM

February 2012

Applicant please print all information below.

Date Service to be Terminated / Cut-off & Lock To be Completed: _____

Name on Account: _____

Driver's License No.: _____

Account Number: _____

Contact Person: _____

Service Address: _____

Forwarding Address: _____

Forwarding Telephone Number: (_____) _____

Suspension Request:

- I understand that by signing this form, I am requesting that my services with the City of Cumming Department of Utilities be suspended as of the date above.
- I understand that I will be responsible for paying all water, sewer, and garbage bills generated up to the date above.
- I understand that **I will be required to submit a copy of my Driver's License as proof of my identity.**
- I further understand that if I suspend my service and a leak occurs, I will be responsible for the full amount the bill generated as a result of the leak.

I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS:

Print Name: _____ Date: _____

Signature of Applicant: _____

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