

CUMMING UTILITIES SERVICE TERMINATION FORM

February 2012 form

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: (_____) _____

Termination Request:

- I understand that by signing this form, I am requesting that my services with the City of Cumming Department of Utilities be terminated as of the date I requested (above).
- I understand that I will be responsible for paying all water, sewer, and garbage bills generated up to the date I requested (above).
- I understand that the outstanding balance on my bill will be deducted from my deposit and that the balance will be refunded to me via the forwarding address I provided above. I understand that if the balance on my final bill exceeds my deposit, I will be responsible for paying the balance in excess of my deposit.
- I have read and understand the City's policy regarding bad debt: If you vacate the premise and your deposit does not cover your final bill, the City will pursue collection of the remainder of the debt and may turn the account over to a collection agency, report each delinquent account to each of the three credit bureaus, and/or file a lien against your property. Other legal action may be pursued by the City in an effort to collect the debt.
- I understand that I must provide a copy of my Driver's License or Georgia Photo ID in order to complete this request.

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

Print Name: _____ Date: _____

Signature of Applicant: _____