

CITY OF HAMILTON
WATER/SEWER DEPARTMENT
PO BOX 112
HAMILTON, GEORGIA 31811
706-628-5321 FAX 706-628-9520
REBECCA CHAMBERS, MAYOR

DISCONNECT OF WATER/SEWER SERVICE

TODAYS DATE: _____ DATE TO DISCONNECT SERVICE: _____

NAME/COMPANY NAME: _____

SERVICE ADDRESS: _____

FORWARDING ADDRESS: _____

HOME/CELL PHONE: _____ WORK NUMBER: _____

SIGNATURE: _____

IF RENTING, OWNERS NAME: _____

Notice: A final meter reading will be done on the date you requested. If you have a deposit applied to this account the final bill will be deducted and a refund check mailed to you. Please make sure we have the correct forwarding information on file. We would like to Thank you for allowing us to serve your Water & Sewer needs.

(Below/Office Use Only)

ACCOUNT # _____

FINAL METER READING: _____ DATE: _____

DEPOSIT: _____ FINAL BILL AMOUNT DEDUCTED: _____

DEPOSIT REFUND AMOUNT: _____ CHECK NUMBER: _____