

**City of Cumming Department of Utilities**

100 Main Street

Cumming, GA 30040

Phone: (770)781-2020

Fax: (678)455-1248

Website: [www.cummingutilities.com](http://www.cummingutilities.com)

**Date Termination / Cut-Off & Lock to be Completed:** \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Forwarding Address:** \_\_\_\_\_

\_\_\_\_\_

**Forwarding Phone #:** \_\_\_\_\_

**Termination Request:**

- I understand by signing this form that my services with City of Cumming Department of Utilities 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.

**Snowbird Status Request:**

- I request that my water meter at the above service address be cut off & locked.
- I will contact the water department in advance in writing to reactivate this service.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

*In order to complete this request  
A copy of your Drivers License or Photo ID will need to be attached*