



Athens-Clarke County Public Utilities
Water Business Office

Landlord Continuous Service Cancellation Form

Landlord Name:

Mailing Address:

Phone Number:

Email Address:

Relationship to Property: ☐ Owner ☐ Authorized Agent / Property Manager

Service Location / Account Number(s) to be Removed:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Requested Cancellation Effective

Acknowledgement

- I understand that this cancellation applies only to the location(s) listed above.
- I understand that I remain responsible for all charges incurred prior to the effective cancellation date.
- I understand that cancellation requests must be received prior to the next billing cycle.
- I understand that failure to notify the Water Business Office may result in continued billing.

Landlord / Authorized Agent Signature

Date:

Customer Service Representative:

Date: