



**City of Dawsonville Water & Sewer Authority**

P.O. Box 6  
415 Hwy. 53 East, Suite 100  
Dawsonville, GA 30534  
(706)265-3256  
Fax: (706)265-4214

**Name / Address Change  
Request**

Current Name: \_\_\_\_\_

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

Account #: \_\_\_\_\_

A request to change the name/address on the above referenced account has been made. The change is noted as follows:

Name: \_\_\_\_\_

\_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # : \_\_\_\_\_

The changes to the account were made/requested by: \_\_\_\_\_

Printed Name

Per phone conversation on: \_\_\_\_\_

Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Completed by