

Commercial Service Termination Request

Date _____

Business name _____

Account number _____

Final billing email address _____ **(required)**

Final billing mailing address _____

_____ **(required)**

Authorized Account Contact Information (required)

Name _____

Phone _____ **(required)**

Email _____ **(required)**

Commercial establishments within cities with an intergovernmental agreement (IGA) with DeKalb County **MUST** use the DeKalb County Sanitation Division's commercial solid waste service; private haulers are not permitted.

Reason for canceling service

- Business closing
- Business leaving DeKalb County
- New business ownership
- Other (please specify)

Effective service cancellation date _____

Container size _____

Date for removal of container _____

Any outstanding balances must be paid in full at the time of cancelling service. Unpaid balances will result in new business owners being unable to establish service.

Customer signature _____ **Date** _____