

**City of Ball Ground Water Department
Account Final**

I am requesting a final water read at the following service address:

Effective date of: _____

Please forward my final bill to the address listed below:

Phone No: _____

Authorized Signature (Name on the account)

Print Name

Attach a copy of your driver's license.

Final reading : _____ (provided by Ball Ground Water Dept.)

**Ball Ground Water Department
P.O. Box 285
Ball Ground, GA 30107
Phone: 770-735-2123
Fax: 770-735-4575**

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