

CITY OF MAYSVILLE

WATER DEPARTMENT

GARBAGE SERVICE REQUEST FORM

Account #: _____

Name: _____

Phone #: _____

Service Address: _____

Add on Pick Up Date: _____

Cancellation Date: _____

Garbage pickup is on Wednesday

\$17.00 per month for 1 container

\$31.50 for 2 containers

Signature: _____

Date: _____

E-Mail: waterbilling@cityofmaysvillega.org

Fax#: 706-652-3511

Office Phone: 706-652-2274 Ext. 2

Mailing Address: City of Maysville P.O. Box 86, Maysville, GA 30558