



CITY OF MOLENA
UTILITY SERVICE INFORMATION
CHANGE/UPDATE

Request Date _____

Signature _____

ACCOUNT INFORMATION SECTION

Requested changes will be processed on accounts in good standing with all outstanding balances paid.

Service Address _____ Molena, GA 30258
Street

Customer Name _____
Last First

Mailing Address Change

Mailing Address _____
Street / PO Box City State ZIP

Contact Information Update

Telephone No. _____ Type (Circle One)
Landline Mobile Other
Email Address _____

By providing or updating my phone number, email address, or mailing address, I authorize the City to contact me using these methods. I understand that my information will be used only for official municipal purposes, including service advisories, billing notifications, and important account updates. The City does not sell, share, or use customer contact information for marketing or non-municipal purposes.

Please initial _____

ADD, REMOVE, OR CHANGE NAME FROM THE ACCOUNT

The signature of the account holder and the person to be added/removed is required as well as a copy of a valid driver's license or state ID.

- Change Last Name: _____ First Name: _____
- Add
- Remove Signature: _____

TRASH SERVICE CHANGE

Current Service
of Bins _____
Commercial _____
Dumpster _____

New Service
of Bins _____
Commercial _____
Dumpster _____

VACANT RESIDENCE SERVICE REQUEST

Temporary shut-off protects the property while you are away. If the vacancy is expected to exceed 30 days, the trash bin will be picked up to prevent loss. If the length of vacancy is uncertain, please provide three business days' notice to restore service and order a replacement bin. Service restoration will not take place on weekends or holidays.

Start Date: _____ End Date: _____