

DISCONNECTION OF WATER SERVICE

NAME: _____

ACCOUNT #: _____

SERVICE ADDRESS: _____

DATE OF DISCONNECT: _____
(MONDAY THRU FRIDAY ONLY)

FORWARDING ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE #: _____

SIGNATURE: _____

**PLEASE FAX BACK TO: 865-453-5518
OR MAIL TO PO BOX 5500 SEVIERVILLE TN 37864**