

**TOWN OF BYRDSTOWN WATER AND SEWER DEPARTMENT
TERMINATION REQUEST**

109 West Main Street * P.O. Box 325
Byrdstown, TN. 38549
PH: 931-864-6215 * FAX: 931-864-6120

Account Information

Customer Name: _____

Customer's Account #: _____

Meter #: _____

Disconnection Information

Disconnect Service Address: _____

City: _____ State: _____ Zip Code: _____

Date for disconnecting service: ____/____/____ (mm/dd/yy)

WE ARE UNABLE TO DISCONNECT SERVICES ON HOLIDAYS OR WEEKENDS. THIS FORM SHOULD BE RECEIVED IN THE OFFICE EITHER BY FAX OR IN PERSON BY 4:30P.M. FOR NEXT DAY DISCONNECTION

Forwarding Address Information

Forwarding Mail Address: _____

City: _____ State: _____ Zip Code: _____

Signatures

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR THE ABOVE NOTED ACCOUNT. I ALSO UNDERSTAND THAT I WILL RECEIVE A FINAL BILL FOR THIS ACCOUNT AND MUST PAY ANY BALANCE DUE TO THE TOWN OF BYRDSTOWN.

Customer's Signature: _____ Date: _____

If you would like a phone call confirming receipt of this information please list your contact number below:

Contact Number: (_____) _____

For office use only:

Final Reading: _____ **Date:** ____/____/____ (mm/dd/yy)