



# Water & Sewer Department

## Service Disconnection Request

**ACCOUNT NUMBER:** \_\_\_\_\_

**DISCONNECTION DATE:\*** \_\_\_\_\_

### CUSTOMER INFORMATION

**NAME:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**DRIVERS LICENSE #:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**NEW ADDRESS FOR MAILING OF FINAL BILL OR DEPOSIT REFUNDS:\*\***

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\*DISCONNECTION DATE MUST BE ON A WEEKDAY. REQUEST RECEIVED AFTER 2 P.M. WILL BE PROCESSED ON THE NEXT BUSINESS DAY.

\*\*NEW ADDRESSES MUST BE ENTERED OR DISCONNECTION WILL NOT BE PROCESSED.

**\*\*Please bring completed form to the MWD billing office or email it to**

**[mwdbilling@cityofmanchestertn.com](mailto:mwdbilling@cityofmanchestertn.com)\*\***

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