



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.gov****