



## City of Maynardville Request to Terminate Service

P.O. Box 217 Maynardville, TN 37807 Phone: 865.992.3821 Fax: 865.992.6456

Utility billing account number \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_

Today's Date \_\_\_\_\_

Date requested to terminate service \_\_\_\_\_ *(The City of Maynardville can take up to 48 hours to process)*

Name on utility bill \_\_\_\_\_

Service address \_\_\_\_\_

Driver's License number of account holder \_\_\_\_\_

Daytime contact information \_\_\_\_\_

Forwarding address for final bill \_\_\_\_\_

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

Does the City of Maynardville provide service to the new location? Yes \_\_\_\_\_ No \_\_\_\_\_

***If YES, you will need to complete an application for that location.***

***I hereby request the City of Maynardville to terminate utility services as indicated above, but not earlier than 48 hours from the date received by the City.***

***I am aware that there is a current bill plus a final bill that I am responsible for and have received notification of my responsibilities to pay those charges in full via this termination of service request.***

\_\_\_\_\_  
Customer Signature Date

\_\_\_\_\_  
Co-Applicant Signature Date