

SEVIER COUNTY WATER DEPT.
DISCONNECTION OF WATER SERVICE

NAME: _____

ACCOUNT #: _____

SERVICE ADDRESS: _____

DATE OF DISCONNECT: _____
(MONDAY - THURSDAY ONLY)

FORWARDING ADDRESS: _____

PHONE #: _____

SIGNATURE: _____

DRIVER LICENSE #: _____

PLEASE FAX BACK TO 865-774-3747
EMAIL: MIGREEN@SEVIERCOUNTYTN.GOV
MAIL: P.O. BOX 5879
SEVIERVILLE, TN 37864