



CITY OF NASHVILLE  
REQUEST FOR TERMINATION OF UTILITY SERVICES

Type of Service Termination Requested: \_\_\_\_\_ Water & Sewer \_\_\_\_\_ Gas  
\_\_\_\_\_ Sanitation Only

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Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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**TERMINATION OF SERVICE**

Property Address:

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Billing Address to send deposit if there is a credit remaining after the last billing statement is processed:

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ADDRESS

**\*\*PLEASE BE AWARE THAT WHEN SERVICES ARE TERMINATED AND THE LAST METER READ IS RECORDED, YOUR DEPOSIT WILL BE APPLIED TO THE LAST BILLING STATEMENT. IF A BALANCE IS STILL ON THE ACCOUNT AFTER THE DEPOSIT IS APPLIED, YOU WILL BE RESPONSIBLE FOR PAYING THE REMAINING BALANCE. IF A CREDIT BALANCE REMAINS ON THE ACCOUNT AFTER THE DEPOSIT IS APPLIED, WE WILL MAIL YOU A CHECK FOR THE CREDIT BALANCE. WE BILL 4-6 WEEKS BEHIND AND THE LENGTH OF TIME UNTIL YOU RECEIVE A CHECK WILL VARY ACCORDING TO YOUR CUT OFF DATE.**

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I hereby request the termination of the services indicated above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**OFFICE USE ONLY:**

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Customer Service Clerk Signature