

River Road Utility District

Disconnect Request Form in the District

I _____ request that the property located
(Customer Name)
at _____ to have the water
(Current Address)
service disconnected on _____. Please forward my final bill to
(Disconnect Date)

(New Mailing Address)

I understand that a \$30.00 service call fee will be applied to my final bill.

Reason for Discountenance of
service: _____

* Signature

* Date

* Account Number

*Required Information

* Phone Number

2201 River Road Ashland City TN 37015 Phone: 615-792-4603 Fax:(615)-792-3120
Website: www.rrudtn.com

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