

Service Termination Request

I, _____ wish to terminate my
City of Tennille utility service at:

Service Address: _____

Service Termination Date: _____

Utility Service Account Number: _____

I would like my final bill or deposit refund check mailed to:

Name on the Account: _____

Signature: _____ Date: _____

Submit this form to City Hall 24 hours prior to the date of termination. Terminations are done Monday through Friday, except on City Holidays. Any outstanding balance not paid within 30 days of final bill will be turned over to collections.

Finance Department Use Only

Final bill mailed on _____

Balance Due: yes no If so, how much? _____

Outstanding balance received? Yes no Date Received? _____

Deposit Refund: yes no If yes, how much? _____

Date Deposit Mailed: _____