



WATER SERVICE DISCONNECTION FORM

DATE: _____

NAME: _____

ADDRESS:

PHONE #: _____

DRIVER'S LICENSE #: _____ STATE _____

ACCOUNT # _____

EMAIL ADDRESS _____

DATE TO DISCONNECT (MUST BE A WEEKDAY): _____

Note: Time of disconnection on this date will occur before 8:30 am.

ADDRESS TO MAIL FINAL BILL TO:

This form can be mailed to the address below, dropped off at City Hall or emailed to shwater@springhilltn.org.

SIGNATURE: _____

199 Town Center Parkway
P.O. Box 789
Spring Hill TN 37174

Phone: 931-486-2252
Fax: 931-486-0516
www.springhilltn.org

7/21/2021