NASHVILLE MUNICIPAL UTILITIES 200 Commercial Street, P.O. Box 446 Nashville, IN 47448 812-988-7064 • Fax 812-988-5527

DISCONTINUANCE OF SERVICE REQUEST

Account Number		
I,	, request that the water service located , be discontinued on(Date)	
at (Physical Address of Water Customer)		
(Signature)	(Print Name)	(Date)
(Phone Number)		
Please send the final bill to the following ad	ldress:	
(Address)		
(City)	(State)	(Zip)
FOR OFFICIAL USE ONLY		
Date request received in NMU Office		Initials
Date water service was turned off	Work Order #	
Work completed by		