



Cordell Hull Utility District ♦ 3 Four Way Inn ♦ Carthage, TN 37030 ♦ 615-735-9112

CUSTOMER CUT-OFF REQUEST AND FORWARDING ADDRESS

CUSTOMER NAME : _____ ACCT# _____

CURRENT ADDRESS: _____

DATE OF CUT-OFF REQUEST: _____

FORWARDING ADDRESS: _____

PHONE NUMBER : _____

Please initial by each of the following statements:

- (1.) I understand that I am responsible for full payment of my FINAL BILL and that failure to receive a FINAL BILL in the mail does not relieve me of payment obligation _____
- (2.) I understand that my connection-fee was non-refundable and will not be applied to my final bill _____
- (3.) Today I am paying the amount currently due on my account not my FINAL BILL _____
- (4.) It is my responsibility to contact Cordell Hull Utility if any of my information changes _____

Customer Signature

Date