



NATURAL GAS SERVICE  
**DISCONNECT**  
REQUEST FORM

Date: \_\_\_\_\_

Natural Gas Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Service Address: \_\_\_\_\_

Date for Disconnection: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Current Date: \_\_\_\_\_

*(signature is required)*

Please Sign & Fax to 865-774-1649 or Mail to: **Sevier County Utility District**  
**Attn: Customer Service Dept.**  
P.O. Box 4398  
Sevierville, TN 37864-4398

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_

DATE PROCESSED: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_