



# City of Tennille Service Termination

I, \_\_\_\_\_ wish to terminate my service with City of Tennille.

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

Service Termination Date: \_\_\_\_\_

Utility Service Account Number: \_\_\_\_\_

DL#: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_

Please mail my final bill or deposit refund check to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name on the account: \_\_\_\_\_

I agree to terminate my service at the above address. I understand terminations are processed Monday through Friday, except on City Hall Holidays. Any balance not paid within 60 days of the final bill will be turned over to Penn Credit Collections. Even though I have a deposit on my account, I understand that I may still have an outstanding balance that needs to be paid within 60 days. \_\_\_\_\_ (initials)

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

Clerk Signature: \_\_\_\_\_

**MAKE SURE TO GET A COPY OF DL/ID**