

Crab Orchard Utility
Water Contract Account #
2089 E 1st St. Crossville, TN 38555
Telephone 931-484-6987, Fax
931-484-2970

craborchardwater@craborchardutility.com

Account # _____

Date _____ Time _____ Employee _____

Customer _____

Service Location _____

Meter # _____ Meter Reading _____

Action To Be Taken

Read Meter

Pull Meter

Lock Meter

I am aware that discontinuance of my service shall not release me from the liabilities for payments for service already received or from liability from payments that thereafter become due under the minimum bill provision. I am aware that I will not receive service from Crab Orchard Utility if I have any outstanding balance with the district. I am aware that the district has seven (7) days from the date of my request to terminate my service.

Customer Signature _____

Disconnect Date _____ New Phone # _____

Final Bill Address _____

Contact Name, phone: _____