

CITY OF RIDGETOP

Ridgetop, Tennessee 37152

Gas Disconnect Form

Account Number _____ Date: _____

Name: _____ Owner () Renter ()

If Sold, Property Sold to _____

Location: _____

Final Bill

Mailing Address: _____

Telephone Number _____

Once my gas utility is disconnected, I understand that the deposit will apply toward my final bill. I also understand that after deducting my final bill, the remainder of the deposit will be paid to me within 15 days.

I understand that if any portion of my bill remains unpaid and if it is necessary that an attorney or collection agency be employed for the purposes of collecting my bill, I will agree to pay any and all collection/service fees.

I agree that once I sign this agreement I have read all the terms and conditions of this agreement. I further agree and state that my signature constitutes not only my acceptance of the agreement but also that of my spouse or another adult person. I state and affirm that I have their authority to bind them to this agreement. All information contained herein is true and accurate to the best of my knowledge and belief that all this information and signatures are here and made as my inducement for the City of Ridgetop to accept this agreement.

Date to Disconnect _____

Submitted this _____ day of _____, 20____

Applicant Signature _____

Final Reading _____ Meter Number _____