



Gladeville Utility District Disconnection Request

Date: _____

Name: _____

Current Address: _____

Phone: _____

Account # _____

Email Address: _____

Date to disconnect (must be a weekday & 24 hrs. in advance): _____

***Note:** Disconnection will be anytime on this date between 8:00 a.m.-4:30 p.m.

Address to mail Final bill: _____

Signature: _____

This form can be mailed to the address below, dropped off or emailed to
contracts@gladevilleutility.com

3826 Vesta Road
Lebanon, TN 37090
(615) 449-0301

PHOTO ID

REQUIRED