



*Utility Account
Disconnection Request*

Name: _____ Date: _____

Service Address: _____

Account #: _____ / _____ / _____

Please discontinue my utility services on _____ 20____.

Forwarding address: _____

Phone: _____

Signature: _____ Last 4 of SSN: _____
(For verification purposes)

Fax to 940-365-1215
Or
Hand delivered to City Hall at 107 S. Main St.

Received: _____ Date Processed: _____