

City Hall: (512)746-4593 Fax: (512)746-2052

REQUEST TO DISCONTINUE UTILITY SERVICES

(PLEASE PRINT CLEARLY and with blue or black ink)

RESIDENTIAL	COMMERCIAL
Account #:	Account #:
Date Service to End:	Date Service to End:
Customer Name:	Business Name:
Spouse Name:	Contact Name:
Service Address:	Service Address:
Forward Mailing Address:	Forward Mailing Address:
Home/Cell Phone:	Home/Cell Phone:
Email Address:	Email Address:
OWN RENT	OWN RENT
Property Owner:	Property Owner:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Please read the following carefully. By signing below, I hereby acknowledge and understand that my final bill and/or refund check will be mailed to the Forwarding Address as provided above, within 60 days from the date services are discontinued. I agree that the City may apply my security deposit to any unpaid balance that I may owe after 60 days, in which a refund check of any payment overage or another billing shall be issued, should my deposit not cover the entire balance owed. I further understand that I am responsible for paying any delinquent amounts and/or any late fees that may have accrued under my name and that all remaining balances shall be billed monthly until paid in full. I further understand that if my account is set up on ACH Draft, my utility account shall be marked as "do not draft" upon receipt of my request and my final bill will not be drafted from my bank account.	
Applicant Signature	
☐ I request that any personal and/or identifying information contained within my utility account be kept confidential unless discloser is required or mandated by law.	
DO NOT WRITE BELOW - FOR OFFICIAL USE ONLY	
Processed by (initials): Date Submitted:	GL Code:
Remaining Deposit: \$ Account Balance: \$	Total Refund: <u>\$</u>