



161 Town Center Blvd.
 Jarrell, TX 76537
 Office: (512) 746-4593
 www.cityofjarrell.com

REQUEST TO DISCONTINUE UTILITY SERVICES

(PLEASE PRINT CLEARLY and with blue or black ink)

RESIDENTIAL SERVICE ACCOUNT
Account #: _____
Date Service to End: _____
Customer Name: _____
Spouse Name: _____
Service Address: _____
Forward Mailing Address: _____
Home/Cell Phone: _____
Email Address: _____
<input type="checkbox"/> OWN <input type="checkbox"/> RENT (if renting, please include owner info.)
Property Owner: _____
Cell Phone: _____
Email Address: _____

COMMERCIAL SERVICE ACCOUNT
Account #: _____
Date Service to End: _____
Business Name: _____
Contact Name: _____
Service Address: _____
Forward Mailing Address: _____
Home/Cell Phone: _____
Email Address: _____
<input type="checkbox"/> OWN <input type="checkbox"/> RENT (if renting, please include owner info.)
Property Owner: _____
Cell Phone: _____
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 disclosure is required or mandated by law.

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

Processed by (initials): _____ Date Submitted: _____ GL Code: _____

Remaining Deposit: \$ _____ Account Balance: \$ _____ Total Refund: \$ _____