



City of Johnson City
 P.O. Box 369
 Johnson City, TX 78636
 Phone (830) 868-7111 Fax (830) 868-7718
www.johnsoncitytx.org

DISCONTINUE SERVICE FORM

I, _____, ACCOUNT # _____ I DO HEREBY
 AUTHORIZE THE CITY OF JOHNSON CITY TO DISCONTINUE UTILITY SERVICE AND
 REFUND THE DEPOSIT (if applicable).

SERVICE LOCATION: _____

DATE YOU WANT DISCONNECTION: _____

MAILING ADDRESS FOR FINAL BILL/DEPOSIT REFUND

NAME: _____ PHONE #: _____

ADDRESS: _____ EMAIL: _____

(Customer Signature)

(Date)

Deposit Information

If you have paid a deposit to the City of Johnson City, it will be returned to you after first applying it to your final bill. Any remaining deposit amount will be mailed to the Final Mailing Address given.

(OFFICE USE ONLY)

Final Reading Date: _____ Meter # _____

Is this a Transfer: Yes No/To Account # _____ Amount of Deposit: \$ _____ Cert. # _____

Prorate: _____ Days

PRORATED WATER AMOUNT: \$ _____

PRORATED SEWER AMOUNT: \$ _____

PRORATED TRASH AMOUNT: \$ _____

PRORATED VERP FEE: \$ _____

PRORATED TAX AMOUNT: \$ _____

PREVIOUS CHARGES: \$ < _____ >

TOTAL BALANCE: \$ _____

AMOUNT DUE TO CITY: \$ _____ CHECK # _____

CUSTOMER REFUND AMOUNT: \$ _____ CHECK # _____

TRANSFER REFUND TO ACCT: # _____

Email to: beckenrode@johnsoncitytx.org