



**Utility Billing Department**

100 W. Center St. / P.O. Box 40

Kyle, Texas 78640

512-262-3960 office

512-262-3965 fax

***NOTICE TO  
DISCONNECT SERVICE***

**DATE TO DISCONNECT SERVICE:** \_\_\_\_\_

- Landlord accounts only** - By checking this box, you agree that this service address will no longer be under your name as a landlord status, and your deposit that is on hold will be refunded onto the account balance, and a refund check may be generated if there is a credit balance.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Home/Cell Phone Number

**FORWARDING:** (new address for final bill and/or refund check)

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

**By signing, I understand that my final bill or refund check will be mailed to the forwarding address provided above within six to eight weeks. I also understand that I am responsible for paying my final bill. Accounts not paid within 60 days may be directed to a collection agency. *If my account is set up on ACH draft, I understand the final bill will not draft but will be deducted from the deposit (if available). If a deposit is not available, then a final bill will be due the following month on the due date.***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

EMPLOYEE INITIALS \_\_\_\_\_

NOTIFY TDS \_\_\_\_\_

**ACCOUNT #** \_\_\_\_\_

\_\_\_\_\_  
Driver's License No. & State

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security No.