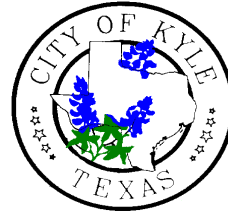


CITY OF KYLE-UTILITY BILLING DEPT.
100 W. CENTER STREET / P.O. BOX 40
KYLE, TX 78640
PHONE: (512) 262-3960
FAX: (512) 262-3965



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

PHONE NUMBER

PRIMARY ACCOUNT HOLDERS' NAME

EMAIL ADDRESS

SERVICE ADDRESS

FORWARDING ADDRESS: For final bill and/or refund check

STREET ADDRESS

CITY, STATE, ZIP CODE

By signing, I understand that my final bill or refund check will be mailed to the Forwarding Address provided above within six (6) to eight (8) 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. To complete request please provide a copy of your Drivers License.

Signature

Date

OFFICE USE ONLY:

_____ Employee Initials

_____ Notify TDS

Account #

Drivers License # or SS#

Date of Birth