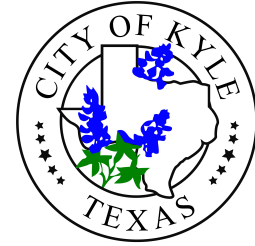


**Utility Billing Office**

100 W. Center St.  
Kyle, Texas 78640  
512-262-3960 office  
512-262-3965 fax



**REQUEST TO DISCONNECT SERVICE**

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

\_\_\_\_\_  
Primary Account Holder's Name

\_\_\_\_\_  
Service Address to be Disconnected

\_\_\_\_\_  
Email Address

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

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

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

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

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

- FOR 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.

**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.