

OFFICE USE:

SO#: _____



Town of Pecos City
115 W. 3rd St / P.O. Box 929
Pecos, Texas 79772

Ph: 432-445-2421 / Fx: 432-445-6670
www.pecostx.gov

Suspend Services Request

- Water services may be suspended for a **minimum** period of 2 months and **maximum** of 6 months.
- After 6 months services will be disconnected automatically, and the deposit will be refunded and mailed out (if applicable).
- Reconnections after disconnect date will need to follow new account process to be reopened.
- If services need to be turned on sooner than end date requested, please give us a call at 432-445-2421 or email us at utilitybilling@pecostx.gov

*****Photo identification is required*****

Account Number: _____

Begin Suspend Date: _____ End Suspend Date: _____

Customer Name (name on account): _____

Address (where services will be suspended): _____

Mailing Address: _____

Phone Number: _____ Email: _____

I certify that the information provided is true and correct to the best of my knowledge. I understand that false or misleading information may delay services being provided.

Customer Signature: _____ Date: _____

Water Department Staff Signature: _____ Date: _____