

OFFICE USE:  
SO#: \_\_\_\_\_  
Book#: \_\_\_\_\_



**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](http://www.pecostx.gov)  
Email: [utilitybilling@pecostx.gov](mailto:utilitybilling@pecostx.gov)

## Disconnect Request Form

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

Water Acct#: \_\_\_\_\_

Effective Cutoff Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

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

Forwarding Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

*I hereby authorize Town of Pecos City Water Department to disconnect water, sewer and trash services at the location listed above effective as the date shown. A final reading will be taken of the meter on the effective cutoff date. I understand services will be cutoff on that date unless I contact the Town of Pecos City. I understand I am responsible to make payments on the account until I receive my final bill. I will receive no deposit, partial or full deposit depending on the account balance at the time the final bill is posted. If a deposit refund is required, it will be mailed to the forwarding address provided.*

*I certify the above information is true, complete and correct to the best of my knowledge.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Water Dept. Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_