

**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

Email: 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: _____