



# Disconnect Form

**\*\*Please give a notice at least 24 hours BEFORE the requested disconnect date of any changes to avoid any applicable fees.\*\***

**\*Please note requests to disconnect service received after 3:00 pm will result in disconnection on the following workday.**

Print Name: \_\_\_\_\_ Disconnect Date: \_\_\_\_\_

D.L. Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Forwarding Address:

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Trash Can/Recycle Containers

- Number of Trash Cans at Property \_\_\_\_\_
- Number of Recycle Bins at Property \_\_\_\_\_
- Number of 96 Gallon Recycle Carts at Property \_\_\_\_\_

**I authorize the City of Fate to discontinue utility service and refund any deposit on file. I understand that I relinquish as of the disconnect date all customer and water rights, until at such time I wish to pay a new deposit and re-service charges.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b>Office Use Only</b>	
Disconnect Date: _____	Today's Date: _____
Received by: _____	