



CITY OF RAYMONDVILLE

REQUEST FOR DISCONNECTION

ACCOUNT #: _____

DATE: _____

SERVICE ADDRESS: _____

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

REASON FOR DISCONNECTION: _____

DRIVER'S LICENSE/ID #: _____ PHONE #: _____

EFFECTIVE DATE: _____

DEPOSIT APPLIED TO FINAL BILL: YES NO

CUSTOMER'S SIGNATURE

EMPLOYEE SIGNATURE

****ACCOUNT HOLDER/ APPLICANT WILL BE REQUIRED TO PROVIDE VALID ID AT TIME OF DISCONNECTION IN PERSON OR DEATH CERTIFICATE****

WATER DEPARTMENT

JACKIE HERRERA

AMY PAREDES