



# SERVICE DISCONTINUANCE REQUEST FORM FOR VACATING

Please Check:

Owner

Tenant

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

Full Name on Account: \_\_\_\_\_

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

*If your mailing address for the closing bill is different from the service address, please fill out the following:*

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
 Home  Cell  Work

Email: \_\_\_\_\_

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*Pursuant to District Rules and Regulations, Article 1301, any customer who desires to have his/her service discontinued shall notify the District at least two (2) business days prior to the effective date.*

**NOTE:** Any outstanding balance must be paid prior to service discontinuance.

Stop Service Date: \_\_\_\_\_  
**Discontinuance hours are Monday – Friday from 8 am to 3 pm**

Reason for Discontinuance: \_\_\_\_\_

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Print Name

Signature

Date

## METHOD OF PAYMENT FOR FINAL BILL:

District Automatic Debit (Customer must already be enrolled in Automatic Debit Program)

Mail in payment

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### For Office Use Only

Request Received: \_\_\_\_\_

Prior Balance: \_\_\_\_\_

Work Order Created: \_\_\_\_\_

Completed: \_\_\_\_\_