



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 we do not disconnect on Friday. Any requests to disconnect service received after 3:00pm Monday - Thursday will result in disconnection on the following business day.**

*** Only the primary account holder may submit this request.**

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

Office Use Only	
Disconnect Date: _____	Today's Date: _____
Received by: _____	