



# 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 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>	
<b>Disconnect Date:</b> _____	<b>Today's Date:</b> _____
<b>Received by:</b> _____	