



**CITY OF ANAHUAC
REQUEST TO DISCONNECT SERVICES**

Name: _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Social Security Number: _____

Driver's License Number: _____

Disconnect Date: _____

Signature: _____ Date: _____

**ANY BALANCE LEFT ON THE ACCOUNT WILL BE TAKEN FROM
YOUR DEPOSIT ON FILE, AND THE REST OF YOUR DEPOSIT WILL
BE MAILED TO THE MAILING ADDRESS ON THIS FORM.**

FOR OFFICE USE ONLY:

Meter Number: _____ Reading: _____

Serial Number: _____ # Days to Prorate: _____