



REQUEST FOR DISCONNECTION

OFFICE USE ONLY:

Account # _____
TDS Disconnect Report (if applicable) _____
Drivers License # _____
Email _____

- **Utility Services may only be disconnected by the Primary Account Holder.**
- **To complete this request, please provide a valid form of ID.**
- **Services can only be disconnected Monday through Friday (NO HOLIDAYS).**
- **Disconnect requests sent to our office before 2PM can be disconnected on the same day. Any requests sent after 2PM will be completed the following business day.**
- **Disconnections are not time-specified other than between the hours of 8:00am-5:00pm. If water service is going to be needed at the location at any point of that day you are disconnecting, we advise that you disconnect the next business day.**

Primary Acct Holder: _____ Disconnection Date: ____/____/____

Service Address: _____

Phone Number: _____ - _____ - _____ Email: _____

(Forwarding Address)

(City) (State) (Zip Code)

LANDLORD ACCTS ONLY: By checking this box, you agree that this service address will no longer be under your name as a "landlord" status and your deposit that is on hold will be refunded onto the account balance, and a refund check may be generated if there is a credit balance.

By Signing, I Understand:

- **THE CITY OF KYLE BILLS A MONTH BEHIND AND I WILL RECEIVE ONE FINAL BILL.**
- If a deposit is not available to credit the account or cover the final balance, a final bill will be due the following month on the due date (the 15th of every month).
- My final bill (or refund check) will be mailed to the forwarding address provided above within six (6) to eight (8) weeks.
- **I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYING MY FINAL BILL.**
- Accounts not paid within 60 days of the final due date may be directed to a collection agency.
- We are unable to back bill your account. Until our office receives a completed disconnection request form, the primary account holder will be held responsible for **ALL WATER USED** until we receive written notice of cancellation of service.

Signature: _____ Date: ____/____/____