# CITY OF ELGIN
# DISCONNECTION OF SERVICES

TODAY'S DATE: _____ DISCONNECTION DATE: _____

ACCOUNT #: _____

## CUSTOMER INFORMATION

**PRIMARY NAME**: _____

SERVICE ADDRESS: _____

FORWARDING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

**DEPOSIT REFUNDS MAY TAKE UP TO 4 TO 6 WEEKS AND WILL BE MAILED TO THE FORWARDING ADDRESS PROVIDED ABOVE**

_____ _____

SIGNATURE DATE

## FOR OFFICE USE ONLY

_____ Disconnection processed

_____ Initials processed

310 North Main Street
P.O. Box 591
Elgin, Texas, 78621
(512) 285-5721
www.elgintx.com