THE CITY OF

BALCH SPRINGS

GROWING COMMUNITY

REQUEST TO DISCONNECT SERVICE

RETURN TO:
CITY OF BALCH SPRINGS
13503 ALEXANDER RD.
BALCH SPRINGS, TX 75181
ATTN: WATER BILLING DEPT-or-
FAX TO: (972-286-4279)

IF YOU CHOOSE TO FAX THIS FORM, IT IS YOUR RESPONSIBILITY TO CONFIRM RECEIPT BY OUR OFFICE

!!!!!!A COPY OF YOUR VALID DRIVERS LICENSE MUST ACCOMPANY THIS REQUEST!!!!!!

I, _____, request that service be terminated.
(NAME AS IT APPEARS ON BILL)

UNLESS YOU WANT SERVICE DISCONTINUED ON A FUTURE DATE, SERVICE WILL END THE NEXT DAY AFTER RECEIPT OF THIS COMPLETED FORM.

DATE TO DISCONNECT: _____

SERVICE ADDRESS: _____

Signed: _____ Today's Date: _____

Email Address: _____@ _____._____

Contact Phone #: _____

New Forwarding Mailing Address: _____#_____

(CITY) _____

(STATE) _____

(ZIP CODE) _____

WATER/WASTE WATER/SOLID WASTE SERVICES WILL BE TURNED OFF ON DATE OF TERMINATION