

# TOWN OF VAN HORN Utility Disconnect Form

1801 W. Broadway PO Box 517 Van Horn, Texas 79855 (432)283-2050

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I no longer require services at: \_\_\_\_\_

I am requesting utility services to be cut off effective: \_\_\_\_\_

NEEDED FOR RETURN OF DEPOSIT

New mailing address (if applicable): \_\_\_\_\_

\_\_\_\_\_

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR CITY USE ONLY

Account Number: \_\_\_\_\_ Cut-off date: \_\_\_\_\_

Work Order Date: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_