Request for Termination Of Service
(Water/Sewer, Solid Waste)

Account Number _____ Requested Final Service Date _____

(For same day water cutoffs, request must be submitted before 2:30p.m., Monday - Friday)

Customer Name _____

Service Address _____

Phone Number _____

Email Address _____

Forwarding Address _____

_____

(To receive a refund of an unapplied deposit, a forwarding address must be provided.)

Customer Signature _____Date _____

Please return the completed form to the Utility Billing Office at the address below or email to utilities@liveoaktx.net.

City of Live Oak, Utility Billing Office, 8001 Shin Oak Drive, Live Oak, TX 78233
(210) 653-9140

OFFICE USE ONLY

Forwarding Address Entered: _____ Deposit Released: _____

Water Accounts - Storm Water Off (Occupant Change Only): _____

Garbage Accounts:
Cart Removal Requested _____ WM Ticket # _____ Removal Date: _____

Entered by: _____