The City of Josephine TEXAS

Utility Disconnect Request

Date: _____/_____/_____ Account # _____

I _____ this day do hereby request □ in person □ by phone

To have my water service at _____

Discontinued effective _____/_____/_____

□ I do □ I do not have a deposit on this account I wish to be applied to my final bill.

Please send my final bill, deposit refund or other correspondence to :

Address: _____

_____

I can be reached at: Cell phone _____

Work phone _____

Signature: _____

Date: _____/_____/_____

Employee Received By: _____

Date: _____/_____/_____

Comments:_____

_____

_____

_____

_____

_____

City of Josephine
P.O. Box 99
201 Main Street Josephine, Texas 75164
972-843-8282