



# CITY OF SWEENY

102 W. Ashley Wilson Rd. • PO Box 248 • Sweeny, Texas 77480 • P: (979) 548-3321 • F: (979) 548-7745

## Utility Disconnect Form

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: \_\_\_\_\_

WO Number: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_