



**CITY OF WHITESBORO
UTILITY ACCOUNT
DISCONNECT FORM**

Today's Date: _____

Date to Disconnect Service: _____

(This date **cannot** be backdated and **only** Mon – Fri during normal business hours.)

Service Address to Disconnect: _____

Name of Person Requesting Disconnect: _____

Driver's License #/State: _____

Phone #: _____

Email: _____

Name(s) on Account (If Different Than Above): _____

Forwarding Mailing Address: _____

(Required for deposit refund, if applicable)

TERMS OF DEPOSIT

Your deposit (if applicable) will be applied to your final bill. Any amount due back to you will be sent to the forwarding address above. Please allow approximately 30 days from the date of disconnect for processing.

SIGNATURES ACKNOWLEDGES CUSTOMER'S UNDERSTANDING AND AGREEMENT TO THE TERMS.

Customer's Signature: _____

Date: _____