

UTILITIES SERVICE DISCONNECT REQUEST



710 W Avenue A
Port Aransas, TX 78373
361-749-4111 Fax: 361-749-5270

DATE: _____ ACCOUNT # _____

SERVICE ADDRESS: _____

NAME: _____

DBA: _____

I, _____, hereby request that the
signature
following utilities be discontinued:

DATE OF DISCONNECTION : _____

CHECK APPLICABLE UTILITY REQUESTED TO BE DISCONNECTED.

_____ GAS SERVICE

_____ SANITATION

*(***) I have been advised & understand that this request shall be processed if the water service has been discontinued with Nueces County Water & Improvement District #4.) As per the City Ordinance Sec. 9-2 sanitation service is required as long as there is water service.*

Reason for discontinuation of service(s):

_____ Moving _____ Sold Property

Other _____

Forwarding Address:

STREET CITY STATE ZIP