

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 following utilities be discontinued:  
**Signature**

DATE OF DISCONNECTION: \_\_\_\_\_

**CHECK APPLICABLE UTILITY REQUESTED TO BE DISCONNECTED**

\_\_\_\_\_ **GAS SERVICE**  
*(Upon this notification, I am hereby notified that my gas service may remain on for up to 30 calendar days from the date of this request.) As per Title 16 of the Texas Administrative Code §8.240*

\_\_\_\_\_ **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:

\_\_\_\_\_

PHONE# \_\_\_\_\_

STREET

CITY

STATE

ZIP