

CUSTOMER REQUEST FOR DISCONNECTION OF SERVICES

***Copy of Photo ID must accompany this form to our office !**



All information is required!

Name on Account: _____

Account Number: _____

Account Service Address: _____

ID number: _____ *(Drivers License - This information should match the provided ID when account was opened)

Date to Disconnect Services: _____

Forwarding Address: _____

Contact Phone Number: _____

NOTE: YOU WILL RECEIVE A FINAL BILL (WHICH WILL STATE "**FINAL BILL**") -- THIS BILL WILL INCLUDE YOUR FINAL CONSUMPTION UP TO YOUR DISCONNECT DATE AND YOU MAY SEE AN INCREASE IN THE BASE RATE DUE TO THE NUMBER OF DAYS OF SERVICE INCLUDED IN THE FINAL BILL. THE FINAL BILL'S BASE RATE IS CALCULATED PRORATING THE NUMBER OF DAYS IN SERVICE FROM THE END OF THE PREVIOUS BILLING CYCLE TO THE DISCONNECT DATE.

Signature

Date

Return form along with photo ID by email, fax or in person.

Thank you,

City of Bastrop Utility Department
1311 Chestnut St. • P.O. Drawer S
Phone: 512-332-8830
Email: utilities@cityofbastrop.org
Fax: 512-332-8869

