

City of Thrall

Disconnection of Services Request Form

*****Please print clearly*****

Disconnect Service on: _____

Service Address: _____

Customer Name: _____

Customer Account No. _____

Phone: _____

Forwarding Address: _____

City/State/Zip _____

Signature: _____ Date: _____

Office Staff Only

Work Order: _____ Date: _____ Complete: _____

Completed by: _____

Office Staff Only

Finalize Acct: _____ Date: _____ Complete: _____

City Secretary: _____