



REQUEST FOR DISCONNECTION

****Please submit with Photo of Valid
Government ID ****

OFFICE USE ONLY:

Account # _____
Notify TDS (if applicable) _____
DL or SS# _____
Email _____

Primary Acct Holder: _____ Disconnection Date: ____/____/____

Service Address: _____

Phone Number: _____ - _____ - _____ Email: _____

(Forwarding Address)

(City)

(State)

(Zip Code)

☐ **LANDLORD ACCTS ONLY:** By checking this box, you agree that this service address will no longer be under your name as a "landlord" status and your deposit that is on hold will be refunded onto the account balance, and a refund check may be generated if there is a credit balance.

By Signing, I Understand:

1. Only the Primary Account Holder may request disconnection of utility services.
2. The City of Kyle bills one month behind and I will receive a final bill.
3. A valid form of government-issued ID is required to complete this request.
4. Disconnections are processed Monday through Friday, 8:00 a.m. to 5:00 p.m. (No holidays or weekends).
5. Requests received before 2:00 p.m. may be completed on the same business day. Requests received after 2:00 p.m. will be processed for the next business day.
6. Disconnection times are not scheduled and can occur at any point during business hours. If water is still needed at the property on your selected disconnect date, we recommend selecting the next business day instead.
7. If no deposit remains to cover the final balance, payment is due by the 15th of the following month.
8. I am responsible for paying the final bill.
9. Unpaid accounts will be sent to collections after 60 days.

Signature: _____ Date: ____/____/____