



# CITY OF MAGNOLIA

## WATER/SEWER DISCONNECT REQUEST

DATE: \_\_\_\_\_ ACCT. NO.: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

FORWARDING ADDRESS: \_\_\_\_\_

NEW PHONE NUMBER: \_\_\_\_\_

DATE DISCONNECTION DESIRED: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_

### \* FOR OFFICE USE ONLY \*

Previous reading & date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Final reading: \_\_\_\_\_ No. of gallons: \_\_\_\_\_

Meter No.: \_\_\_\_\_

Garbage cart issued: \_\_\_\_\_ Garbage cart picked up: \_\_\_\_\_

Date disconnected: \_\_\_\_\_

Comments: \_\_\_\_\_

Final bill amount: \$ \_\_\_\_\_

Deposit applied: \$ \_\_\_\_\_

Final balance due: \$ \_\_\_\_\_

Refund amount: \$ \_\_\_\_\_

Date entered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered by: \_\_\_\_\_