

**CITY OF WHITEHOUSE
WATER ACCOUNT
DISCONNECT FORM**

DATE TO DISCONNECT: _____

ADDRESS TO DISCONNECT: _____

NAME OF PERSON
REQUESTING DISCONNECT: _____

NAME ON ACCOUNT
(IF DIFFERENT THAN ABOVE): _____

FORWARD MAILING ADDRESS: _____

Terms of Deposit

Your deposit will be applied to your final bill, any amount due back to you will be sent to the forwarding address above. Please allow approximately 30 days for processing.

SIGNATURE ACKNOWLEDGES CUSTOMER'S UNDERSTANDING AND AGREEMENT TO THE TERMS

Customer's Signature

Date