



141 W Renfro St, Burleson, TX 76028  
817-426-9601 fax 817-426-9360

### Water Discontinuation Authorization

I, \_\_\_\_\_

wish to have the water service discontinued at

\_\_\_\_\_

(service address)

on \_\_\_\_\_

(date of disconnect)

I would like my final bill or refund mailed to

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Name the account is in:

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature