



CITY OF FULSHEAR

PO BOX 1134 / 29255 FM 1093 #12-A
FULSHEAR, TX. 77441
PHONE: 281-346-1796 * FAX: 281-346-2556
www.fulsheartexas.gov

Request to Disconnect Utility Service
(PLEASE PRINT in Blue or Black Ink)

Date: ____/____/____

Date for Service to End: ____/____/____

Responsible Party Name: _____
Last First M.I.

Company Name (if applicable): _____

Physical/Service Address: _____
Street

City State Zip Code

Forwarding Mailing/Billing Address: _____
Street

City State Zip Code

Primary Phone: (____) ____ - ____ **Forwarding** Phone: (____) ____ - ____

Email Address: _____

Any deposit on file will be applied to the final bill. If a refund is due, the City will mail a check to the forwarding address above. If there is a balance due after the deposit has been applied, the above party will receive a statement at the forwarding address above.

By signing on the line below, the above party agrees to mail payment due to the City of Fulshear within sixty (60) days.

If you are moving to another address within the City Limits, please submit the Service Request Form and photo ID. Any deposit at your current address will be forwarded to the new account, and any balance due will be forwarded to your new account.

Responsible Party Signature: _____

Account Number: ____ - ____ - ____

For Office Use Only:

Date Received: ____/____/____ by: _____