



REQUEST FOR DISCONNECTION

TODAY'S DATE: _____

NAME ON ACCOUNT: _____

ACCOUNT #: _____ - _____ - _____

SERVICE ADDRESS: _____
ZIP _____

E-MAIL ADDRESS: _____

FORWARDING ADDRESS: _____

CITY _____

STATE _____ ZIP _____

PHONE NUMBER: _____

REQUESTED DISCONNECTION DATE: (No same day disconnections) _____

PLEASE NOTE: DISCONNECTIONS ARE COMPLETED MONDAY THRU FRIDAY AS EARLY AS 7 A.M, NO WEEKENDS OR HOLIDAYS. REQUESTED DISCONNECTION DATE SHALL BE NO SOONER THAN THE FOLLOWING BUSINESS DAY. IF YOU ARE SUBMITTING YOUR REQUEST IN ANY MEANS OTHER THAN IN PERSON AND HAVE NOT OBTAINED A CONFIRMATION, PLEASE CALL 972-874-6010, OR EMAIL UTILITYBILLING@FLOWER-MOUND.COM. YOU WILL RECEIVE A FINAL BILLING FROM THE LAST METER READ DATE UNTIL THE REQUESTED DISCONNECTION DATE.

PERSON REQUESTING DISCONNECT (Please Print) _____

SIGNATURE _____

REMARKS:

