

City of Weslaco

"The City on the Grow"



WATER DEPARTMENT

956-973-3117
956-973-3118
956-973-3119

REQUEST FOR TERMINATION OF UTILITY SERVICE

TYPE OF SERVICE: SINGLE-FAMILY COMMERCIAL

NAME: _____ ACCOUNT #: _____

BUSINESS NAME (IF APPLICABLE): _____

SERVICE ADDRESS: _____

STREET CITY STATE ZIP

FORWARDING
ADDRESS FOR
FINAL BILL:

STREET/PO BOX CITY STATE ZIP

HOME PHONE: () _____ MOBILE () _____

DRIVERS LICENSE # _____

DATE REQUESTED FOR SERVICE TERMINATION: _____

REQUESTED BY: _____

CUSTOMER SIGNATURE: _____

DATE: _____

NOTE: IF YOU ARE SENDING THIS REQUEST BY FAX OR BY MAIL INCLUDE A COPY OF A VALID FORM OF IDENTIFICATION.

AVISO: SI USTED ESTA MANDANDO ESTE FORMA POR FAX O CORREO, FAVOR DE INCLUIR UNA COPIA DE SU IDENTIFICACION.