

CITY OF WESTLAKE UTILITY FUNDS - DISCONNECT

DATE _____

INVOICE # _____

NAME _____

ACCOUNT # _____

ADDRESS _____

CUSTOMER # _____

CITY/STATE _____

CHECK OFF SERVICE TO BE DISCONNECTED

GAS _____ FINAL READING _____ METER # _____

WTR _____ FINAL READING _____ METER # _____

FORWARDING ADDRESS _____

DATE TO DISCONNECT _____

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DEPOSITS WILL BE APPLIED TO ANY BILLS OWED.

REFUNDS WILL BE MAILED THREE TO FOUR WEEKS AFTER DISCONNECTED.

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SIGN _____

RECEIVED BY _____

PERFORMED BY _____