



UTILITY DISCONNECT REQUEST

City of Montgomery

•101 Old Plantersville Rd, Montgomery Texas 77316
•(936)-597-6434 •www.montgomerytexas.gov

SERVICE ADDRESS:			<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
ACCOUNT NAME:				
EMAIL:				
FORWARDING ADDRESS:				
CITY:		STATE:	ZIP:	
DRIVERS LICENSE:				
PRIMARY PHONE:			<input type="checkbox"/> Cell	<input type="checkbox"/> Work <input type="checkbox"/> Home
SECONDARY PHONE:			<input type="checkbox"/> Cell	<input type="checkbox"/> Work <input type="checkbox"/> Home
DISCONNECTION DATE REQUESTED:				
IMPORTANT: An account holder may request their personal information be kept confidential. If an account holder makes such a request of confidentiality, the City of Montgomery shall keep their personal information confidential unless required or mandated by law. <input type="checkbox"/> Yes, request confidentiality <input type="checkbox"/> No, do not request confidentiality				

- ◆ I understand that if there is a remaining balance on my account at the time of disconnection, it will be taken out of my deposit on file. If there is a credit on the account after the deposit is applied, a refund check will be mailed to the forwarding address provided.
- ◆ I understand that I will receive a final bill for the account balance that I am responsible for paying.

★ THIS FORM MUST BE RECEIVED BY THE CITY OF MONTGOMERY BEFORE THE REQUESTED DISCONNECTION DATE AND FILLED OUT IN ITS ENTIRETY. ★

Applicant Signature: _____

Date Completed: _____ Print Name: _____

FOR OFFICE USE ONLY

Employee Signature: _____

Processed Date: _____

Meter Read: _____

(OFFICE USE)

Account Number: