

REQUEST TO DISCONTINUE SERVICE

**RETURN TO:
CITY OF SEGOVILLE
702 N. Hwy 175
Seagoville, TX 75159
ATTN: WATER BILLING DEPT -or-
FAX TO: (972-287-3891)**

*****IF YOU CHOOSE TO FAX THIS FORM, IT IS YOUR RESPONSIBILITY
TO CONFIRM RECEIPT BY OUR OFFICE *****

**!!!!A COPY OF YOUR VALID DRIVERS LICENSE MUST
ACCOMPANY THIS REQUEST!!!!!!!**

I, _____, request that service be terminated.
(NAME AS IT APPEARS ON BILL)

**UNLESS YOU WANT SERVICE DISCONTINUED ON A FUTURE DATE,
SERVICE WILL END THE NEXT DAY AFTER RECEIPT OF THIS
COMPLETED FORM.**

(DATE TO DISCONNECT) _____

(SERVICE ADDRESS) _____

Signed: _____ **Today's Date** _____

E-Mail Address _____ **@** _____ **.** _____

Contact Phone # _____

New Forwarding Mailing Address: _____ **#** _____

_____ **(City)**

_____ **(State)**

_____ **(Zip Code)**

*******WATER/SEWER SERVICE- WATER WILL BE TURNED OFF ON
DATE OF TERMINATION*******