

UTILITY DISCONTINUATION

Date: _____

Acct #: _____

I understand that I am no longer responsible for water usage from this date forward. **BY ORDINANCE THERE IS NO PRORATING OF WATER, SEWER OR GARBAGE ON BILLING.**

I understand that my deposit, if applicable, will be applied towards my FINAL BILL and that any remaining charges will be paid in full. If my FINAL BILL is less than my deposit, the amount due will be deducted from my deposit and the difference will be refunded within 6 to 8 weeks.

Please note that the City of Kirby Water Department bills one month behind (mid-month). (Example: for Utility Service from July 15th to August 15th, the bill will be due September 15th. If you discontinue service August 23rd, you will receive a **FINAL BILL** for service from August 15th to August 23rd.

NAME: (name that appears on bill) _____
(print name)

FORWARDING ADDRESS: _____

PHONE #'s : HOME _____ WORK _____

I have read the above information and fully understand this agreement.

SIGNATURE

MOVE-OUT ADDRESS

DRIVER'S LICENSE #

MOVE-OUT DATE

SOCIAL SECURITY # _____

*****FOR OFFICE USE ONLY*****

work order # _____ # of days billed _____ sewer avg. _____

previous month reading _____ deposit _____

move-out reading _____ arrears _____

of gals used _____