



CITY OF PARSONS – DISCONNECT REQUEST FORM

GAS **WATER**

Please disconnect my services as of: _____

Property/location: _____

The account is listed in the name of: _____

I understand that I will receive one final bill after the date that my service(s) are disconnected to reflect my final readings.
_____ (initial)

Additional fees may be applied if I reinstate this account within one calendar year. _____ (initial)

Please send my final bill to:

(name) _____

(address) _____

(phone) _____

Disconnect due to: (check all that apply)

- Moving to new location
- Changing heating source
- Other _____

Signed

Date

City of Parsons cannot guarantee same day service