CITY OF PARSONS – DISCONNECT REQUEST FORM

□ WATER *(sewer and sanitation is included in this request if you have these services)*
□ GAS

Date of this request: _____ Date of disconnect (if different): _____

Name: _____

Property address: _____

Telephone number: _____

Mail/forward address: _____

_____

(Make sure this is a valid mailing address to ensure receipt of final bill and return of excess security deposit if one is on file)

Disconnect due to: (check all that apply)

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

- My final bill will consist of a final reading, not yet processed and any outstanding balance.
- Additional fees may be applied if I reinstate this account within one (1) calendar year.
- If you have a security deposit on file, it will be applied to your final bill.
- If your final bill shows a credit balance, a check will be issued and mailed to you. Please allow six (6) to eight (8) weeks for processing final bill.
- I understand I will be responsible for any unpaid balance.
- City of Parsons cannot guarantee same day service

_____ _____

Signed Date