



1812 state highway 361 suite f • port aransas, texas 78373

office 361.749.5201 • fax 361.749.5799

AUTHORIZATION TO DISCONNECT SERVICE

I, _____, request the disconnection of
service at _____ Account # _____
on _____.
(date to be disconnected)

(Applicant)

(Date)

Forwarding Address (if applicable):

(street)

(city)

(state & zip)

(District Representative)