



## Water Service Disconnect / Transfer Form

Disconnect / Transfer Date: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Service Address: \_\_\_\_\_

Name of Person Making Request: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

If Transferring Service:

Address: \_\_\_\_\_

Note: There is a \$35 fee on all transfers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City of Glenn Heights Employee Taking Request: \_\_\_\_\_