



# CITY OF FULSHEAR

PO BOX 1134 / 6611 W Cross Creek Bend Ln.  
FULSHEAR, TX. 77441  
PHONE: 281-346-1796  
www.fulsheartexas.gov

**Request to Disconnect Utility Service**  
(PLEASE PRINT in Blue or Black Ink)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date for Service to End: \_\_\_\_/\_\_\_\_/\_\_\_\_

Responsible Party Name: \_\_\_\_\_  
Last First M.I.

Company Name (if applicable): \_\_\_\_\_

Physical/Service Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

**Forwarding** Mailing/Billing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Primary Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ **Forwarding** Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

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

Any deposit on file will be applied to the final bill. If a refund is due, the City will mail a check to the forwarding address above. If there is a balance due after the deposit has been applied, the above party will receive a statement at the forwarding address above.

By signing on the line below, the above party agrees to mail payment due to the City of Fulshear within sixty (60) days.

If you are moving to another address within the City Limits, please submit the Service Request Form and photo ID. Any deposit at your current address will be forwarded to the new account, and any balance due will be forwarded to your new account.

Responsible Party Signature: \_\_\_\_\_

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

For Office Use Only:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_