



Account Closure Application

117 E Wasson Avenue, Gail, Texas 79738 • (806) 756-4391 • bordencj@poka.com

PLEASE CHECK ALL THAT APPLY

- | | | | |
|--|---|--|-------------|
| <input type="checkbox"/> Account Closure | <input type="checkbox"/> Temporary Disconnect | Today's Date | [...] |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Residential | Account Number(s) | [.] |
| <input type="checkbox"/> Owner/Landlord | <input type="checkbox"/> Rent/Lease | <i>Requested Date of Disconnect</i> | date |

SERVICE ADDRESS:

By completing this form, you acknowledge that:

- The water service to the relevant property will be disconnected and above said account will be closed on the date requested above.*
- The disconnection of water services does not constitute a release of liability for payment of the final bill.*
- Any final charges are due within 30 days of receipt.*

CUSTOMER INFORMATION

Customer Name: _____

Billing Address (Street/PO Box): _____

_____	_____	_____
City	State	Zip Code

Phone Number: _____

OWNER INFORMATION

Owner Name: _____

Owner Address (Street/PO Box): _____

_____	_____	_____
City	State	Zip Code

Phone Number: _____

For Office Use Only	
Date received:	Received by (initials):
Date entered into billing system:	Entered by (initials):
Date disconnected:	Disconnected by (initials):

_____	_____	_____
Signature	Printed Name	Date