



TEMPORARY DISCONNECT APPLICATION

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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 | [...] |
| <input type="checkbox"/> Owner/Landlord | <input type="checkbox"/> Rent/Lease | <i>Requested Date of Disconnect</i> | <i>[...]</i> |

SERVICE ADDRESS:

By completing this form, you acknowledge that:

- The water service to the relevant property will be disconnected 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.*
- For water service to be reconnected you must complete and submit the required document(s) and pay the required reconnect fee.*

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: _____

Signature Printed Name Date

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