



CUT - OFF REQUEST

ACCT. NO. _____ METER # _____

SERVICE ADDRESS _____

DATE REQUESTED TO BE CUT - OFF _____

REQUESTED BY _____

SIGNATURE OF CUSTOMER _____

EMPLOYEES NAME _____

DATE _____

"NEW RELEASE"

If you are discontinuing your water services temporarily, please give the clerk your mailing address, so that we may send your final bill, which will be mailed the following month. To have your water restored, you must pay a twenty dollar (\$20.00) reconnection fee, the reconnection fee must be paid in advance. Please send check or money order to the City of Pharr, P.O. 1729, Pharr, Texas 78577. If you have any questions, call area code (956) 402-4151.

Initial _____ Meter deposit is reimbursed within 20 to 30 days after final bill

Deduct final bill from deposit Yes _____ No _____

Mailing Address

Phone # _____