

CUT-OFF REQUEST



		DATE	
ACCT. NO	METER #		
SERVICE ADDRESS	CUSTOMER'S SIG		
DATE REQUESTED TO BE CUT - OFF	EMPLOYEE'S NAI		
REQUESTED BY			
"NEW	/ RELEASE"		
If you are discontinuing your water services tempt we may send your final bill, which will be mailed to pay a twenty dollar (\$20.00) reconnection fee, the check or money order to the City of Pharr, P.O. (956) 402-4151.	he following month. To ha e reconnection fee must	ve your water restored, you mus be paid in advance. Please send	
UTILITY B	ILLING SURVEY		
1. Reason for Disconnection:	3. How would you	3. How would you rate the Customer Service?	
a) Moving Temporary	a) Poor	d) Very Good	
b) Moving Permanently	b) Fair	e) Excellent	
2. Did you experience any issues during your time as	c) Good		
a customer?, Brush Service?, Meter Readings?	4. What was your o	overall experience with the City of Pharr	
	Utility Billing?		
	a) Poor	d) Very Good	
	b) Fair	e) Excellent	
	c) Good		
Initial Meter deposit is rei	mbursed within 20 to 30	days after final bill	
Deduct final bill from deposit	Yes	No	
Mailing Address			
	Phone # _	Phone #	