Office Use Only

Account # _____

Meter ID # _____

Final Meter Reading:

_____

Final Bill or Refund amount:

_____

City of Holland

102 W Travis

Holland, Texas 76534

254-657-2460

Water Disconnect Request Form

Customer Name: _____

Account Number: _____

Service Address: _____

Forwarding Mailing Address: _____

Phone: _____

Disconnection Date: _____

Reason for Disconnection Moved/ Transfer

Apply Deposit to Final Bill Yes or No

Customer Signature: _____ Date: _____