

TO: **THE COLONY UTILITY DEPT**

FROM:

COMPANY:
City of The Colony

DATE:

FAX NUMBER:
972-624-2286

PHONE NUMBER:

PHONE NUMBER:
972-625-2741

RE: **MOVE-OUT REQUEST**

**E-MAIL TO:
UTILITYADMIN@THECOLONYTX.GOV**

ATTN: BANK DRAFT CUSTOMERS – YOUR FINAL BILL WILL BE DRAFTED



UTILITY DEPARTMENT

MOVE-OUT REQUEST FORM

24 HOUR ADVANCE NOTICE IS REQUIRED TO CANCEL SERVICE

NAME ON ACCOUNT: _____ ACCOUNT #: _____

TURN WATER OFF AT: _____ DATE TO TURN WATER OFF: _____

HOME #: _____ WORK #: _____ CELL #: _____

MAIL REFUND/FINAL BILL TO: _____
ADDRESS _____ APT/SUITE # _____

E-MAIL ADDRESS: _____
CITY _____ STATE/ZIP _____

SIGNATURE: _____ TODAY'S DATE _____

IT IS THE CUSTOMER'S RESPONSIBILITY TO CALL OUR OFFICE AND CONFIRM THE MOVE OUT REQUEST WAS RECEIVED.

972-625-2741