

CITY OF MANSFIELD

FINAL DISCONNECT

Date _____

Name			
Service Address		Account Number	
Date to Disconnect		Phone Number	

TYPE OF SERVICES TO DISCONNECT

SERVICE TYPE	CHECK ALL THAT APPLY	DEPOSIT AMOUNT PAID	FINAL AMOUNT OF UTILITY BILL	BALANCE DUE OR REFUND	METER NUMBERS
Electric					
Water					
Sewer					
Garbage					
Total					

INFORMATION

Amount Paid to City of Mansfield					
Amount Paid to Customer					
Customers New Address					
City		State		Zip	

SIGNATURE

Signature		Date	
Printed Name		Information entered by	
		Date	

COMMENTS
