



City of Hempstead

1125 Austin Street

Hempstead, Texas 77445

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REQUEST FOR UTILITIES TO BE DISCONNECTED

IDENTIFICATION MUST BE PRESENTED AT THE TIME OF DISCONNECT

Date of Request: _____

Name on Account: _____

Service Address or Transfer: _____

Old Mailing Address: _____

New Mailing Address: _____

Refund Check: To be picked up _____ To be mailed _____

Identification Presented: _____

Date for Disconnect: _____

Customer will be responsible to make sure utilities are disconnected on the date requested, this insures the request for disconnect has been finalized with the utility office.

Print Name

Customer's Signature

NAME CHANGE _____ DISCONNECT _____ TRANSFER _____

Name of Employee

Account Number:

New Account Number: