



CITY OF HONDO
UTILITY SERVICE DISCONNECTION FORM
1600 Ave M • Hondo, TX 78861 • (830)426-3378 • www.hondo-tx.org

CHECK ALL THAT APPLY

ELECTRIC

WATER/SEWER

GARBAGE

ACCOUNT NUMBER:

ACCOUNT HOLDER NAME:

SERVICE ADDRESS:

REQUESTED DATE OF DISCONNECTION:

FORWARDING ADDRESS *(needed for return of deposit):*

ACCOUNT HOLDER SIGNATURE

DATE

FORM MUST BE SIGNED IN FRONT OF CITY OF HONDO STAFF OR NOTARIZED TO BE VALID

Subscribed and sworn before me on this _____ day
of _____, 20____, by _____

(Notary Seal)

Notary Public Signature: _____

FOR CITY USE ONLY	
Date Received:	Date Completed:
Completed By (COH Staff Initial):	Work Order #:
Forwarding Address Updated	Transfer to New Account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, new account #
Expect New Occupant to Establish Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, New Occupant Name:	