



City of Whitewright

P. O. Box 966

Whitewright, Texas 75491-0516

(903) 364-2219, Fax (903) 364-3001

utilitybilling@whitewright.com

Today's Date: _____

Request to DISCONTINUE Service

☐

(Name on Account)

(Account Number)

Please DISCONTINUE my Water/Sewer/Trash Services at:

(Service Address)

(Effective Date)

Forwarding Mailing Address:

Ph# _____

(Final Meter Reading)

Request to SUSPEND Service (VACATION)

☐

****There is a \$5 fee to suspend services, AND \$5 fee to turn services back on that will be added to the bill. ****

(Name on Account)

(Account Number)

Please SUSPEND my Water/Sewer/Trash Services at :

(Service Address)

OFF _____

(Effective Date)

(Phone #)

ON _____

(Meter Reading)

(Effective Date if Known)

****To qualify, meter must NOT show any usage****

I hereby authorize the City of Whitewright to disconnect or suspend service at above said service address effective by date given. I understand that any remaining unpaid balance will be deducted from my deposit.

(Signature)