



STOP WATER SERVICE REQUEST

Service Address _____

Forward Final Bill to: _____

Effective Date to terminate service _____

Signature

Date: _____

Thank you for requesting a stop service or disconnect order.

All disconnection requests must be made in writing OR may be received via fax or email. Your service will be terminated on a specific date or on the next regular business day after it is received.

We will process your final bill which will be due on next billing due date. If there is a deposit to be refunded it will be mailed to you via regular mail.

If you wish to mail your request, please mail your disconnection request to:

Town of Fairview Utility Billing
372 Town Place
Fairview Texas 75069