

# CITY OF BREMOND

## DISCONTINUE WATER SERVICE FORM

Email: [cityofbremondclerk@gmail.com](mailto:cityofbremondclerk@gmail.com)

PHONE: (254)746-7730 FAX: (254)746-7140

**PLEASE PRINT CLEARLY**

Your Name: \_\_\_\_\_

Tenant/Owner/Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

CUSTOMER INFORMATION: Please provide all the requested information or the form may not be able to be processed.

\_\_\_\_\_  
Current Service Address

\_\_\_\_\_  
Final Bill Address/Forwarding Address

\_\_\_\_\_  
Date to Discontinue Service/Date of Closing

\_\_\_\_\_  
Buyer Information if the Property is Being Sold (If Available)

**PLEASE CALL THE OFFICE IF YOU WOULD LIKE THE WATER TURNED OFF**

This form may only be filled out by the account holder, owner, or authorized representative. I hereby authorize the billing change for the above address.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE