

## **Sudduth NWS**

PO BOX 317 BARKER, TX. 77413

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Request to Disconnect Utility Service (PLEASE PRINT in Blue or Black Ink)		Da	Date:/		
(PLEASE PRINT IN Blue of Blad	ck ink)	Date for Service to	End: _	//	
Responsible Party Name:					
	Last	First		M.I.	
Company Name (if applica	able):				
Physical/Service Address:					
		Street			
_	City	State		Zip Code	
Forwarding Mailing/Billing	g Address:				
		Street			
_	City	State		Zip Code	
Primary Phone: ()_	<del>-</del>	Forwarding Phone: (	)		
Email Address:					
the forwarding address aboabove party will receive a s	ove. If there is a tatement at the f	-	osit has	s been applied, the	
By signing on the line below (60) days.	, the above party	/ agrees to mail payment due	e to the	NWS within sixty	
	posit at your cur	the NWS Limits, please subment address will be forwarde ew account.			
Responsible Party Signat					
Account Number:		<del>-</del>			
For Office Use Only:		Date Received:/	_/	by:	