

## **Derby NWS**

PO BOX 317 BARKER, TX. 77413

PHONE: 281-606-5461 www.derbynws.com office@derbynws.com

Request to Disconnect Utility Service (PLEASE PRINT in Blue or Black Ink)		Da	Date:/		
(FLEASE FRIINT III DIUE OF DIA	ick ilik)	Date for Service to	End: _		
Responsible Party Name	: 				
	Last	First		M.I.	
Company Name (if applic	able):				
Physical/Service Address	::				
		Street			
-	City	State		Zip Code	
Forwarding Mailing/Billin	g Address:				
		Street			
-	City	State		Zip Code	
Primary Phone: () _	<del>-</del>	Forwarding Phone: (	)	<del>-</del>	
Email Address:					
the forwarding address ab above party will receive a	ove. If there is a statement at the fo	-	osit has	s been applied, the	
(60) days.	w, the above party	agrees to mail payment due	to the	NVVS Within Sixty	
	eposit at your curr	he NWS Limits, please subment address will be forwarded waccount.			
Responsible Party Signa					
Account Number:		<del>-</del>			
For Office Use Only:		Date Received:/	_/	by:	