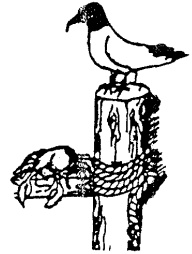




CITY OF SEADRIFT

Post Office Box 159/501 S. Main St.
Seadrift, Texas 77983
Tel: (361) 785-2251
Fax: (361) 785-2208



Utility Termination / Transfer Form

Terminating Services Transferring Services

Customer Name: _____

Account Number: _____ Phone Number: (____) ____ - ____

Service Address: _____

Mailing Address: _____
Street City State ZIP

Disconnection Date of Current Service Address: _____

Time: 8 a.m. -12 p.m. 2 p.m. - 5 p.m. Specific time: _____

Transfer (fee of \$25.00) <i>(Only for Transferring Services)</i>	
New Address: _____	
Mailing Address: _____ Street City State ZIP	
<input type="checkbox"/> Pay Now	OR
<input type="checkbox"/> Pay with next utility bill	

COMMENTS: _____

Customer Signature: _____ **Date:** _____

OFFICE USE ONLY

TURN OFF: _____

LAST READING: _____

TURN ON: _____

NEW READING: _____

.....
METER DEPOSIT

REFUNDED TRANSFERRED APPLIED TO BILL

COMMENTS: _____