



CITY OF
MANOR
EST.  1872
TEXAS

Email back to: questions@cityofmanor.org

DISCONNECTION OF SERVICES

Today's Date: _____ Disconnection Date: _____

Account#: _____

Name on Account: _____

Service Address: _____

Forwarding Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____

I understand that my deposit, if any, will be applied to my final bill and that my refund or final bill will be mailed to me at the above address within 4 to 6 weeks.

Customer Signature