

FACSIMILE TRANSMITTAL SHEET

TO:	THE COLONY UTILITY DEPT	FROM:	
COMPANY:	City of The Colony	DATE:	
FAX NUMBER:	972-624-2286	PHONE NUMBER:	
PHONE NUMBER:	972-625-2741	RE:	MOVE-OUT REQUEST

ATTN: BANK DRAFT CUSTOMERS – YOUR FINAL BILL WILL BE DRAFTED



MOVE-OUT REQUEST FORM

(24 HOUR ADVANCE NOTICE IS REQUIRED TO CANCEL SERVICE)

Name on the Account:		Account #:
Joint Name:		
Home #:	Work #:	Cell #:
Move-Out Address:		
Date You're Requesting Water to be Turned Off:		<input type="text"/>
Forwarding Address:		
City:	State:	ZIP Code:
Signature:		Date:
Signature of Joint:		Date:

IT IS YOUR RESPONSIBILITY AS THE CUSTOMER TO CALL OUR OFFICE AND CONFIRM THE MOVE OUT REQUEST FORM WAS RECEIVED.