## CITY OF DANBURY Request to Disconnect & Final Account

Date for Disconnection	Service Address		
Name			
DL#		Date of Birth	
Spouse Name			
DI.#		Date of Birth	
Forwarding Address		City	State/Zip
Phone Number	Other-Phone		
listed first on the above monies due then I will re which I receive my fina Revenue Recovery Ass	g address. I also understand account. In the event that emit payment for the baland bill. I understand that the sociation and that any baland to the Association and	at my deposit is not su nce due no later than t City of Danbury is a ma ance remaining due 90	fficient to pay all he 19 <sup>th</sup> of the month In ember of the Texas days after my account
Printed Name		Date	
Cooperation Act (Chapter 791, Gov	sociation is a collection of cities and o vernment Coda) to assist one another in II, the new city providing services has to vious city is paid in full.	ther public entities operating und n the collection of delinquent utility	accounts. If a customer has left
Refunds will not be i	ssued until the signed	document has been	received in our office
	Office us	se only	
Final Read	Date		By