



**CITY OF BURNET • UTILITY BILLING**  
**DISCONNECT SERVICE REQUEST**  
PLEASE PRINT

P.O. Box 1369  
1001 Buchanan Dr, Suite 4  
Burnet, TX. 78611  
Phone (512)756-6093  
Fax (512)756-8560  
Email [utilities@cityofburnet.com](mailto:utilities@cityofburnet.com)

**DATE TO DISCONNECT:** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_

<b>UTILITY SERVICE ADDRESS:</b>	
<b>PRIMARY APPLICANT NAME</b> (First <b>MI</b> Last): <i>(As listed on the initial connection application)</i>	
<b>MAILING ADDRESS</b> (the final bill/refund will be sent here):	
<b>PRIMARY PHONE:</b>	<b>SECONDARY PHONE:</b>
<b>EMAIL:</b>	

The customer has requested the changes described above. The customer agrees to any fees that may be added to their account and accepts all responsibility connected to this request.

**PRIMARY APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>COB EMPLOYEE SIGNATURE:</b>	<b>DISCONNECT DATE:</b>
<b>TYPE(S) OF SERVICE:</b>	<b>ELECTRIC METER NO:</b>
<b>DEPOSIT AMOUNT: \$</b>	<b>ADDITIONAL AMOUNT: \$</b>

