



Trash Disconnection Request

ARE YOU AN AUTO DRAFT CUSTOMER?

Yes No

Service Address: _____

Account #: _____

I hereby request that my service account at the above referenced address be discontinued on

(Date)

Forwarding address: _____ Phone: _____

Name: _____ Date: _____

Signature: _____

This form may be faxed to 940-365-5834,
Mailed to City of Krugerville, 5097 Hwy 377, Krugerville, TX 76227, or
Hand delivered to City Hall.

Received _____

Processed _____