



*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 \_\_\_\_\_