



City of Holland

102 W Travis

Holland, Texas 76534

254-657-2460

Office Use Only

Account # \_\_\_\_\_

Meter ID # \_\_\_\_\_

Final Meter Reading:

\_\_\_\_\_

Final Bill or Refund amount:

\_\_\_\_\_

## Water Disconnect Request Form

Customer Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Forwarding Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Disconnection Date: \_\_\_\_\_

Reason for Disconnection

Moved/ Transfer

Apply Deposit to Final Bill

Yes or No

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_