

City of Combes
Water Department
21626 Hand Rd.
Combes, TX 78535
Ph (956) 423-2714 / Fax (956) 412-6795
E-Mail: jvelez@Cityofcombes.com

**REQUEST TO
DISCONTINUE
OR TRANSFER
SERVICES**

This request must be completed and received by City of Combes Water Department at least two (2) business days prior to the requested discontinuation date. If the requested date falls a weekend or City holiday, the requested will be completed on the following business day. Services requests are processed between the hours of 8:00am and 4:00pm on the date requested.

A COPY OF YOUR DRIVER'S LICENSE MUST ACCOMPANY ANY REQUEST

Name As It Appears of City of Combes Account

Account Number

Service Address to be Discontinued

Date to Discontinue Services

I am discontinuing services with City of Combes

New Mailing Address (Street Address, City, State, Zip Code)

Phone Number

I am transferring my services to another service location within the City of Combes

New Service Address

Phone Number

I request that services at my new address begin on _____ (Date to Begin Services). Further, I understand that services will not be initiated at the new service address until I have paid any delinquent balance I owe on my current account as well as a new deposit should one be required of me.

I, the undersigned, certify that all of the information on this form is true and complete to the best of my knowledge that I am the customer named above (if residential) the owner and/or representative (if commercial/multifamily) of the service location named above.

Signature

Date

Mail to P.O. Box 280, Combes, TX 78535 or Fax to 956-412-6795

To be completed by City of Combes staff only

Entered By: _____

Date: _____

Account Noted: _____