



SERVICE DISCONTINUATION (RENTERS)  
FAX (325) 388-5003

Customer Account #: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Renter's Name: \_\_\_\_\_  
Service Address: \_\_\_\_\_

**RENTER DISCONTINUATION REQUEST:**

Final Bill Paid:     Yes     No    Amount due/paid: \$ \_\_\_\_\_

***RECONNECT FEE MUST BE PAID AND FORM SIGNED BEFORE  
RECONNECT WILL BE SCHEDULED***

**IF FAXING, MAILING OR EMAILING YOUR SIGNED REQUEST  
PLEASE BE SURE TO INCLUDE A COPY OF YOUR DRIVER'S  
LICENSE FOR VERIFICATION PURPOSES.**

Renter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

One copy for customer / One copy for file