



# DISCONNECT REQUEST FORM

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## General Guidelines

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- Copy of identification or driver's license of the account holder must accompany the request.
- Complete this form in its entirety and return to City Hall.

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## Customer Information

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Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Service address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

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## Customer Forwarding Address For Deposit Return or Final Bill

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Address: \_\_\_\_\_ Apartment/Lot#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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## Disconnection Date and Termination of ACH Draft

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Date to disconnect services: \_\_\_\_/\_\_\_\_/\_\_\_\_. Not available on Saturday or Sunday.

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## Please Sign and Date Below

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

Please send to Keene City Hall, 1000 N. Old Betsy Rd, Cleburne, Texas 76031;

Fax to 817-556-2060; Email to [utilities@keenetx.com](mailto:utilities@keenetx.com); Telephone 817-641-3336

Website: [www.keenetx.com](http://www.keenetx.com)