



SERVICE DISCONNECTION REQUEST FORM

General Guidelines

- A copy of state ID or driver's license of the account holder must accompany this request.
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Customer Information

Name: _____

Account #: _____

Service address: _____

Telephone #: _____

Email: _____

Forwarding Address For Deposit Return or Final Bill

Forwarding Address: _____

Apartment/Lot #: _____

City, State, Zip: _____

Disconnection Date and Termination of ACH Draft

Date to Disconnect Services: ____/____/____.

(Note: Service disconnections are not scheduled on Saturdays or Sundays.)

Please Sign and Date Below

Customer Signature: _____ Date: _____

Return Completed Form by Email, Mail or In Person:

utilities@keenetx.com

City of Keene – Utilities

1000 N. Old Betsy Rd

Cleburne, Texas 76031

Phone: 817-641-3336 | www.keenetx.com