



CITY OF CONROE

Est. 1904

Utility Billing Disconnection Request Form

Account #: _____

Name on Account: _____

Service Address: _____

Phone #: _____

DL# or ID#: _____

Last 4 of SS# or Tax ID#: _____

Forwarding Address: _____
Street Address

_____ City State Zip

Date that service should be disconnected: _____

I hereby request and authorize the address above be disconnected.

Name (Please Print): _____

Signature: _____ **Date:** _____

Entered by: _____ Date: _____

Return this form to the City of Conroe:

In person: At 700 Metcalf St, Conroe, TX 77301

By mail: City of Conroe Utility Billing, P.O. Box 3066, Conroe, TX 77305

By fax: (936) 522-3178

By E-mail: utilitybilling@cityofconroe.org