

City of Tolar

Written request to shut off/ transfer water and trash service

Today's Date: _____ Requested Effective date _____

Name on Account: _____ Acct No. _____

Address: _____

Forwarding Address: _____

Phone Number: _____

Please select:

Moving – Shut off water/trash service (**all past and current charges have been paid**)

Selling Property- Leave account active (minimum bill will be charged **MONTHLY**)

Transfer – service from: _____
To: _____

Other - _____

Authorized Signature: _____

Note:

This form may be faxed to 254-835-4392 / Dropped off in person or left in the night drop box

Shut offs will be done Monday – Friday 8 – 5 PM NO WEEKEND DATES
Per City Policy

Office use only: Current Water Rate Code: _____
New Water Rate Code: _____