**C I T Y O F S U N R I S E**

**B E A C H V I L L A G E**

**124 Sunrise Drive, Sunrise Beach, Texas 78643-9283**

 **(325) 388-6438 comptroller@sunrisebeachtx.gov**

**Fax (325) 388-6973 www.sunrisebeachtx.gov**

 City of Sunrise Beach Utility Disconnect Request Form

Name on account: Renter / Owner (Please circle one) Service Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: State: Zip: \_\_\_\_ Forwarding Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: State: Zip: \_\_\_\_\_\_ Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Disconnect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(Selling property, Moving, Temporarily away, etc.)**

 PLEASE NOTE: Bills are for previous months usage. Final billing will be a minimum of 30 days after the disconnection date.

\*If this is a temporary disconnect request, please be aware that the following fees will need to be paid prior to reconnecting service plus any balance remaining on account:

$400.00 Temporary disconnect fee

 $25.00 Turn on fee