

WATER ACCOUNT CLOSE-OUT FORM

| Name on Account:  | Account Number: |
|---|-----------------|
| Service Address:  |                 |
| Owner Renter  |                 |
| Final bill and/or deposit refund should be sent to the follo                      | wing address:   |
| Address   |                 |
| City State Zip Code   |                 |
| Telephone Number: ()  |                 |
| E-mail Address:   |                 |
| Date to close account:<br>(Close-out Date Cannot be on a Weekend or City Holiday) |                 |
| Would you like to be removed from Rave Alert notification                         | ns? Yes No      |

Signature

Date



Please email this close out form to: vhernandez@rollingwoodtx.gov