



DISCONTINUE SERVICE REQUEST FORM

Current Date: _____ Customers Name: _____

Account Number: _____ Meter Number: _____

Service Address: _____
Address where service is being discontinued at

Date of Disconnect: _____

Please provide information below on where the final bill should be sent:

Name: _____

Address: _____
Mailing Address *City/State/Zip*

Phone Number: _____ Cellphone Number: _____

Does your utilities account include any additional carts over the one (1) solid waste and one (1) recycling cart that comes standard with City of Robinson solid waste services? Yes No

If yes, use the below to provide the number of each carts you have for each:

Solid Waste: _____
The cart with green lid.

Recycling: _____
The cart with yellow lid.

I understand any deposits on this account will be applied to the final bill. If the amount of deposits is more than what is due on the account I will receive a refund. If the final bill is more than the amount of deposits I will owe the difference.

Printed Name of the Requestor: _____

Signature of Requestor: _____

Relationship to the account holder *(if you are not the account holder making the request)*: Spouse Other

If other, provide who: _____

E-mail: utilities@robinsontexas.org
Fax: (254) 662-1035 Attn: Utilities

Mail: Robinson Utilities Department
Attn: Utilities
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Robinson, TX 76706