



P.O. BOX 779 GALVESTON, TEXAS 77553
Fax (409)797-3551

City of Galveston Utility Billing Division Request
For Disconnection of Water Service

Customer Name: _____

Driver's License/ID number: _____ State: _____

Service Address: _____

Final Billing Address: _____

City: _____ State: _____ Zipcode: _____

Contact phone number: __ (____) _____

Date water is to be turned off: _____

Account Number: _____ Location Number: _____