



P.O. BOX 779 GALVESTON, TEXAS 77553  
Fax (409) 242-2148

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**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: \_\_\_\_\_