



SERVICE DISCONTINUATION (RENTERS)

kmud@kingslandmud.com

ph# (325) 388-4559

Customer Account #: _____

Owner's Name: _____

Renter's Name: _____

Service Address: _____

RENTER DISCONTINUATION REQUEST:

Final Bill Paid: Yes No Amount due/paid: \$ _____

***RECONNECT FEE MUST BE PAID AND FORM SIGNED BEFORE
RECONNECT WILL BE SCHEDULED***

**IF FAXING, MAILING OR EMAILING YOUR SIGNED REQUEST
PLEASE BE SURE TO INCLUDE A COPY OF YOUR DRIVER'S
LICENSE FOR VERIFICATION PURPOSES.**

Renter's Signature: _____ Date: _____

Employee Signature: _____ Date: _____

One copy for customer / One copy for file