



The City of Quinlan, TX

P.O. Box 2740 | 105 W. Main St. | Quinlan, TX 75474 | ph (903) 356-3306 | fax (903) 356-4267

Deposit Refund/Discontinue Service

Date for Disconnection

Name of Occupant

Service Address

Forwarding Address

Phone

Alternate Phone

Work Phone

Email Address

Driver's License

I, _____, do hereby authorize the City of Quinlan to discontinue water utility service. I understand that my security deposit will be applied to the final bill. If the final bill is less than the security deposit, a refund check will be mailed to the forwarding address provided on this form.

If the security deposit is less than the final bill, I agree to pay the balance due in full by the due date indicated on the final bill. I understand that failure to pay the balance due by the requested date will result in the account being turned over to a collection agency. I also agree to pay any collection or legal fees incurred by the City of Quinlan Utility Department in collecting the balance of the account.

Signature

Date

Office Use Only

Account Number

Location Number

Meter Number

Final Meter Reading

Date of Final Reading

Employee Verifying Information

Deposit Amount

Final Bill Amount

Amount due to Customer

Amount owed by Customer