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MOVE-OUT/SERVICE DISCONNECTION FORM

**THIS FORM MUST BE DOWNLOADED ONTO YOUR COMPUTER AND OPENED IN ADOBE READER FIRST
BEFORE YOU ARE ABLE TO FILL, SIGN AND SUBMIT THE COMPLETED FORM
YOU CAN ALSO FILL-OUT AND EMAIL THE COMPLETED FORM TO CUSTOMERSERVICE@WCID17.ORG**

Today's Date: _____

Disconnect Date: _____

Account Name : _____

Account No.: _____

Service Address: _____

Phone Number: _____

Email: _____

Forwarding Address for Final Bill or Refund:

Check One:

All Services:

Trash Only:

OFFICE USE ONLY

Processed by: _____

Received Via: Hand Delivery Fax Email

Work
Order/Bin: _____

Lock Date: _____