

DATE: _____

CUST. PHONE # : _____

INITIALS: _____

CITY OF MISSION UTILITY DEPARTMENT

1201 E. 8TH Street, Mission, TX. 78572

PH: (956) 580-8660 FAX: (956-580-8659)

AFFIDAVIT OF UNOCCUPANCY

Account No. _____

Today's Date: _____

Name: _____

(PLEASE PRINT)

Signature: _____

Service Address: _____

Mailing Address: _____

(If different from Service Address)

Beginning Date: _____ Ending Date: _____

The property in the above caption will be unoccupied from Beginning Date to Ending Date specified above. It will be unoccupied a minimum of three months and a maximum of six months. This applies for temporary discontinuance of serve with the exception of guaranteeing any water used will be paid for at the regular published rates of the City of Mission for the period beginning and ending as stated above. The account shall be reopened automatically on the ending date with full charges unless the City of Mission is notified in writing before the date.

If occupant should re-occupy the above address termination date, the applicant shall Notify the City of Mission. If any violation of this request occurs, the applicant shall be subject to complete billing for the entire length of time of the request.

By filing the affidavit with the City of Mission Utility department, I am requesting that the charges for the account during unoccupancy be as prescribed by Section 5 of Ordinance number 1439 of the City of Mission, TX.

NOTE: THE CHARGES TO BE REMOVED CANNOT BE PRO-RATED. IF YOU ARE LEAVING IN THE MIDDLE OD YOUR ACCOUNT'S BILLING CYCLE, YOU WILL BE BILLED THE FULL MONTH'S SERVICE, THE CHARGES WILL BE REMOVED EFFECTIVE THE NEXT BILLING DATE.

TRANSACTION FEE: \$2.50