



# City of Mission- Utility Water Dept. Disconnection / Reconnection Form



1201 E. 8<sup>th</sup> St, Mission TX 78572

Account No. \_\_\_\_\_ Meter#(Optional) \_\_\_\_\_

Customer Name: \_\_\_\_\_ DL# or ID# (Attach Copy) \_\_\_\_\_

Service Address: \_\_\_\_\_

Date Requested to be Cut-Off: \_\_\_\_\_ Reconnection Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Check if: **Disconnection** \_\_\_\_\_ Temporary (LUP) \_\_\_\_\_ Permanent  
**Reconnection** \_\_\_\_\_

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### Forwarding Information – If need

Mailing Address; \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If water was disconnected temporary, to have your water restored, a \$20.00 service fee, the service fee must be paid. Please make check payable to: **City of Mission, 1201 E 8<sup>th</sup> St. Mission TX 78572**. If you have any questions, please call office at (956)580-8660.

**Meter deposits is reimbursed within 20 to 30 days after the final bill.**

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### Staff Use Only

Employee Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Fax# (956) 580-8659

**Email: [utilitydept@missiontexas.us](mailto:utilitydept@missiontexas.us)**