



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



1201 E. 8th 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 \$3.00 Monthly Fee _____ Permanent
 Reconnection _____

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 8th 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.

Staff Use Only

Employee Name: _____

Date Completed: _____

Fax# (956) 580-8659

Email: utilitydept@missiontexas.us