



**CUSTOMER REQUESTED
DISCONNECT / RECONNECT
FAX (325) 388-5003**

Customer Account #: _____ W/O # _____

Customer Name: _____

Service Address: _____

City/State/Zip: _____

CUSTOMER DISCONNECT REQUEST:

Final Bill Paid: Yes No Amount due/paid: \$ _____

There will be a \$75 reconnect fee assessed before service can be reconnected

***RECONNECT FEE MUST BE PAID AND FORM SIGNED BEFORE
RECONNECT WILL BE SCHEDULED***

CUSTOMER RECONNECT REQUEST:

\$75 Reconnect Fee Paid Yes No Date: _____

**IF FAXING, MAILING OR EMAILING YOUR SIGNED REQUEST
PLEASE BE SURE TO INCLUDE A COPY OF YOUR DRIVER'S
LICENSE FOR VERIFICATION PURPOSES.**

Customer Signature: _____ Date: _____

Employee Signature: _____ Date: _____