



# City of Martindale

409 Main Street, P.O. Box 365, Martindale, Texas 78655

512-357-2639, Fax 512-357-9017

## REQUEST FOR CANCELLATION OF GARBAGE AND WASTE WATER SERVICES

### CUSTOMER INFORMATION

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

Account #: \_\_\_\_\_

Telephone # \_\_\_\_\_

Cell # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please read and sign certification below.**

Billing Address:

Forwarding Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PROPERTY LOCATION & IDENTIFICATION:

RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_

Physical Service Address (if different from billing address):

\_\_\_\_\_

\_\_\_\_\_

Please give your reason for cancellation and any other comments below:

\_\_\_\_\_

\_\_\_\_\_

### CERTIFICATION

I request that utility service for the above property be discontinued as of \_\_\_\_\_. I understand that the electric and water utility must be turned off in order for the property to be considered vacant and eligible for discontinuation of Martindale Sewer and Trash Disposal Services.

\_\_\_\_\_  
Signature

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

### For city use only:

Remove from Memorized Transaction List		E-Mail Cancellation to TDS	
Refund Deposit (if applicable)			
File			

\_\_\_\_\_  
Utility Clerk's Signature

\_\_\_\_\_  
Date