

City of Galveston, Utility Billing  
P.O. Box 779  
Galveston, TX 77553  
(409)797-3550  
[customerservice@galvestontx.gov](mailto:customerservice@galvestontx.gov)



## Request for Disconnection of Water Service

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

Driver's License / ID Number: \_\_\_\_\_ State: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Location Number: \_\_\_\_\_

End Service Date: \_\_\_\_\_

---

### Forwarding Information:

Mailing Address: \_\_\_\_\_

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

Forwarding Contact Number: (\_\_\_\_\_) \_\_\_\_\_

---

Customer's Signature

---

Date