

Work
Order: _____



WATER ACCOUNT CLOSE-OUT FORM

Name on Account*: _____

Account Number: _____

*required information

Service Address*: _____

Owner or Renter

Final bill and/or deposit refund should be sent to the following address*:

Address

City

State

Zip Code

Date to close account*:

(Close-out Date Cannot be on a Weekend or City Holiday)

Telephone Number*: () _____ - _____

E-mail Address: _____

Signature

Date



Please email this close out form to:
ccaylor@rollingwoodtx.gov