

# CITY OF COMANCHE

101 E. Grand  
Comanche, Texas 76442

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## Request for Disconnection of Services

**Please print clearly, thank you!**

Office Use: Account Number

Customer Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

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

Forwarding Address: \_\_\_\_\_

or PO Box: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Requested Turn-Off Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: Morning Afternoon

Number of Poly Carts to be picked up: 1 2 3

Dumpster to be picked up: Yes No

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use: Entered by \_\_\_\_\_ Date / /