



TURN OFF SERVICE form

Thank you for allowing us to serve you. To turn off your water or wastewater service, please provide the following information.

**All fields are required.*

PLEASE ALLOW TWO (2) BUSINESS DAYS BEFORE YOU WANT SERVICE TURNED OFF.

***Date you want the service out of your name (MM/DD/YY):** ___/___/___

*** Your 12-digit account number:**

*** Account holder's name**

***Last Name:** _____ ***First Name:** _____

***Address where the service is located:**

*Address Line 1: _____

*Address Line 2: _____

*City: _____ *State: _____ *ZIP: _____

*** Password on your account** (the last 4 digits of phone number, DL or Fed ID): _____

*** Daytime telephone number where the account holder can be reached** (incl. area code): (_____) _____ - _____

*** Mailing address to send the final bill:**

*Address Line 1: _____

*Address Line 2: _____

*City: _____ *State: _____ *ZIP: _____

Please send the completed form to us in one of the following ways:

E-mail: turnoff@swwc.com
Fax: (832) 209-5395
Mail: Texas Water Utilities, Customer Care Center
12535 Reed Rd., Sugarland, TX 77478



**Texas
Water Utilities**

A SouthWest Water Company