



## Application to Disconnect Utility Services

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Project Name

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Building # (if applicable)

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Project Account #

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General Contractor

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Contractor Contact Name

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Contractor Phone #

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Contractor Email

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| UTILITY SERVICE     | METER # | DISCONNECT DATE | PERM/ TEMP | LOCATION DESC.<br>(location, job site, trailer, etc) |
|---------------------|---------|-----------------|------------|------------------------------------------------------|
| Electricity         |         |                 |            |                                                      |
| Domestic Cold Water |         |                 |            |                                                      |
| Domestic Hot Water  |         |                 |            |                                                      |
| Waste Water         |         |                 |            |                                                      |
| Solid Waste         |         |                 |            |                                                      |
| Heating Hot Water   |         |                 |            |                                                      |
| Steam               |         |                 |            |                                                      |
| Natural Gas         |         |                 |            |                                                      |

\_\_\_\_\_  
Project Manager (Signature)

\_\_\_\_\_  
Project Manager (Print)

\_\_\_\_\_  
Date

Fax completed forms to 979-458-2805

For assistance completing this form, contact Alec Pointer at 979-862-8001