



Request for Disconnection
Water - Sewer - Garbage Services

City of Hutto Utility Billing
500 W. Live Oak Street
Hutto TX 78634
Phone: 512-759-4055
Fax: 512-846-2653
Utility.Billing@huttotx.gov
www.huttotx.gov

Utility services may only be disconnected by the account holders, if there is a co-applicant it is required to be completed by both. A copy of ID must be submitted with the disconnect request. Please allow 1-2 business days for a service request initiation.

If the water service is with Manville W.S.C. in order to complete the disconnection request for sewer and garbage services, a completed copy of Manville W.S.C. Service Termination Form that is submitted to Manville WSC. must be submitted with this request, without a copy, services will not be disconnected. (This is a requirement only for service addresses that are serviced water from Manville WSC)

Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Disconnect Date: \_\_\_\_\_ Forwarding Address: \_\_\_\_\_

Complete the following information

I am the Owner

Selling Home

Leasing/Renting Home

Date Rented or Sold Home \_\_\_\_\_

Name of New Owner or Renter \_\_\_\_\_

I am no longer renting

Provide Owner or Property Mgt Name and Contact Information

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

Please read and initial the following:

\_\_\_\_\_ Past Due balances must be paid in full to complete request to disconnect services

\_\_\_\_\_ A final bill and/or refund check will be forwarded to mailing address provided

\_\_\_\_\_ Please allow 45 business days from the final bill date for refunds to process

\_\_\_\_\_ If a balance remains unpaid over 60 days on a closed account it will be sent to collections and a 25% percent fee will be added to the balance.

\_\_\_\_\_ Place full trash/recycle bins by curbside or if trash/recycle bins are empty please set in front home or in front of garage.

I have read, understood, and completed all the information

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY

VERIFY MANVILLE FORM RECEIVED

SCHEDULE PICK UP TRASH/RECYCLE BINS