



City of Venus Utilities Department

CLOSE- OUT
WATER / SEWER / GARBAGE SERVICES

Customer Name: _____
 First **Middle** **Last**

Disconnect Address: _____

Fowarding Address: _____

Phone Number: _____

Service Disconnect Date: _____

=====

Signature: _____

Amount Past Due: _____ **(If applicable)**

**** ANY PAST DUE AMOUNT MUST BE PAID BEFORE CLOSE-OUT CAN BE FINALIZED. ****