



Please complete & return to:

City of Pampa

P.O. Box 2499

200 W Foster Pampa, Tx 79065

Fax: 806-669-5726

Email: water@cityofpampa.org

Service Agreement must be received

At least 24 hours prior to disconnection.

Request to Discontinue Water Service

Landlords and property owners/management: Please, call our office for assistance

Form must be received at least 24 hours prior to the disconnection date

Date to Disconnect Service (Mon.-Fri) _____

Account Holder Name _____

Account # _____

Service Address _____

Phone Number _____

Email Address _____

Forwarding Address: For the final bill or refund check

Address _____

City, State, & Zip _____

By signing, I understand that my final bill or refund check will be mailed to the above-forwarded address. I also know that I am responsible for paying the final bill.

Signature: _____ Date: _____

For Office Only: Date Received _____ **Employee Initials** _____