



END SERVICE ACCOUNT REQUEST

Account Name: _____ Date: _____

Cibolo Service Address: _____ End Service Date: _____

Email Address: _____ Phone Number: _____

Forwarding Address: _____ City: _____ State: _____ Zip: _____
*if applicable

- The Utility Billing Office requires AT LEAST one business days notice to process request.
- Disconnections are processed Monday through Friday, 8 am to 4 pm.
- Disconnections are not processed on weekend or holidays.
- If there is a deposit on file, the deposit will be applied to the final bill. Any credit still left on the account will be sent in the form of a check to the forwarding address provided.
- Email or fax this form back to: ubo@cibolotx.gov
- Submitting this form does not guarantee services are disconnected until you receive a confirmation of disconnection back via email.

Signature of account holder: _____