



**Termination Of Service
(Water – Sewer – Solid Waste)**

Account Number: _____ Termination Date: _____

Customer Name: _____

Service Address: _____

Phone Number: _____

Email Address: _____

Forwarding Address: _____

(For same day water cutoffs, request must be submitted before 2:30p.m., Monday thru Friday)

Customer Signature: _____ Date: _____

Please return the completed form to the Utility Billing Office at the address below or email to utilities@liveoaktx.net.

**City of Live Oak, Utility Billing Office, 8001 Shin Oak Drive, Live Oak, TX 78233
(210) 653-9140**

OFFICE USE ONLY

Account # _____

Forwarding Address Entered: _____ Deposit Released: _____

Cart Removal Requested (for garbage service customers): _____

Entered by: _____