



DISCONNECTION NOTICE

Date: _____

I, _____ (print name) would like to have service disconnected at the following address:

_____ Mt. Vernon, TX

as of this date _____.

The final bill and remaining deposit may be sent to my forwarding address:

_____.

A phone number that I may be reached at: _____.

Signature: _____

Driver's License #: _____

Date of Birth: _____

City of Mount Vernon

109 N. Kaufman * P.O. Box 597 * Mount Vernon, TX 75457 * 903 537 2252 * FAX 903 537 2634

www.comvtx.com