



City of Las Cruces[®]

PEOPLE HELPING PEOPLE

DISCONNECTION REQUEST

ACCOUNT #: _____ CUSTOMER ID #: _____

* NAME: _____ REQUIRED INFORMATION

* SERVICE ADDRESS: _____ REQUIRED INFORMATION

* PHONE NUMBER: _____ REQUIRED INFORMATION

SERVICES TO BE DISCONNECTED:

* SHUT OFF DATE: REQUIRED INFORMATION

GAS

WATER

WASTEWATER

SOLID WASTE

* FORWARDING ADDRESS: REQUIRED INFORMATION

TODAY'S DATE: _____

By clicking Submit, I agree that the information provided in this request is true and correct to the best of my knowledge.

STAFF USE ONLY:

REFERENCE #: _____

LANDLORD AGREEMENT? _____

GAS: P/L R/O

WATER: P/L R/O

