



UTILITY BILLING ACCOUNT HOLD FORM

NAME: _____

SERVICE ADDRESS: _____

UTILITY ACCOUNT #: _____

PHONE NUMBER: _____

START HOLD DATE: _____

END HOLD DATE: _____ (Maximum of six months)

City of Corsicana Utility Account Hold Policy:

As a courtesy, proper completion of this form will enable the City of Corsicana to place a utility account on hold for a period not to exceed six months. The City reserves the right to cancel this form and reinstate your account if our readings indicate the meter is being used during the hold period.

CUSTOMER SIGNATURE: _____

DATE: _____

City of Corsicana, Utility Billing Department

200 N. 12th Street, Corsicana, Texas 75110

(903) 654-4825