



City of Liverpool · 8901 CR 171 · P.O. Box 91 · Liverpool, Texas 77577

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www.liverpooltx.gov

CUSTOMER REQUEST TO TURN OFF WATER

Date: _____

Account Number: _____

Customer Name: _____

Service Address: _____

Turn Off Date Request: _____

Actual Turn Off Date: _____

Address where final bill is to be sent:

Street number _____

City _____

State _____

zip _____

Customer Signature _____

Date _____

For Office Use only

Deposit amount: _____

Amount applied to bill: _____

Refund Amount: _____

Clerk: _____

Date: _____