



GOLIAD COUNTY WATER SUPPLY CORPORATION

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WATER SUPPLY ACCOUNT STATUS CHANGE REQUEST FORM

Type of Request

☐ Change Active Water Supply Account to Inactive _____ or Active _____

CONSUMER INFORMATION

Consumer Name: _____

Consumer Account Number: _____

Service Address: _____

Contact Number: _____

Email Address: _____

WATER CONNECTION DETAILS

Type of Connection (Residential / Commercial): _____

Meter Number (if applicable): _____

Current Account Status: _____

Requested Account Status: _____

Reason for Making Account Inactive

- ☐ Property Vacant
- ☐ Temporary Disconnection
- ☐ Change of Ownership / Tenancy



☐ Demolition / Renovation

☐ Other: _____

DECLARATION BY CONSUMER

“I hereby request that my water supply account be changed from active to inactive. I confirm that all outstanding dues (if any) will be cleared as per the water authority's rules.”

Signature of Consumer: _____

Date: _____

FOR OFFICE USE ONLY

Outstanding Dues: Yes / No ☒

Final Meter Reading: _____

Processed By: _____

Approval Signature: _____

Date: _____