

INSTRUCTIONS

Complete this form and submit it in person or by mail to the following address.

NOTE: For Sign Administration Advance Pay Accounts include: **Attn: Sign Administration**
For all other Advance Pay Accounts include: **Attn: Cheryl Daniels**

If delivered by FedEx or UPS
1002 Washington Ave
Houston, TX 77002

If delivered by USPS
City of Houston
P.O. Box 2688
Houston, TX 77252-2688

DATE: ___/___/___

REQUESTOR INFORMATION

Requestor Name: _____ Phone No: _____

Address: _____ Email: _____

ACCOUNT INFORMATION

Advance Pay Account Number: _____

Reason for Closing Account: _____

Account Balance Payable To: _____ Contact Phone No.: _____

Mailing Address: _____

Note: If the business will be closing, the payment will be mailed to the address on the driver's license or identification. Please provide a copy.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

Sworn to and subscribed before me, and the undersigned authority on this _____ day of _____, _____

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

MY COMMISSION EXPIRES

(SEAL)

FOR OFFICE USE ONLY

APPROVED

ACCOUNT BALANCE: _____

CUSTOMER SERVICE REPRESENTATIVE: _____

APPROVING AUTHORITY: _____

DATE: _____

NOT APPROVED

REASON: _____

CUSTOMER SERVICE REPRESENTATIVE: _____