



REQUEST FOR SERVICE DISCONTINUANCE

I, _____, do hereby request Ables Springs Special Utility District to discontinue water utility service and refund the deposit. I understand that reinstatement of my service will require reapplication for service as a new customer and all fees will apply at that time as indicated in the current Service Policy and Rate Order of Ables Springs Special Utility District. Future ability to provide service will be dependent upon system capacity, which I understand may be limited and may require capital improvements to deliver adequate service. I also understand that these improvements will be at my cost. I further represent to the District that my co-applicant joins me in this request and I am authorized to execute this Request for Service Discontinuance on behalf of my co-applicant.

Account #: _____ Service Location: _____

Date Requested for Discontinuance: _____

(Charges for water service will continue until this request is received in our office.)

Mailing Address for Final Bill/Deposit Refund: _____

Customer Signature Date

.....

(Office Use Only)

LOCK DO NOT LOCK Reading: _____

Route/Sequence#: _____ Meter#: _____

Deposit Amount: _____ Final Bill Amount: _____ Refund / Due: _____