phone: 936.422.4188 fax: 936.876.4012 email: four way water @windstream.netfourwaywater.com

## REQUEST FOR SERVICE DISCONTINUANCE

I,, her	eby request that my water meter for account #
located at	, be disconnected from Four Way
SUD service and that my Deposit	Fee be refunded to me. I understand that if I should ever want
my service reinstated I may have to	o reapply for service as a new Customer and I may have to pay
all costs as indicated in a then cur	rent copy of the Four Way SUD Service Policy. Future ability
to provide service will be depende	ent upon system capacity, which I understand may be limited
and may require capital improven	nents to deliver adequate service. I also understand that these
improvements will be at my cost.	I further represent to the District that my spouse joins me in
this request and I am authorized to	execute this Request for Service Discontinuance on behalf of
my spouse.	
Customer's Signature	Requested date of Disconnection
Co-Applicant's Signature	Forwarding Address
Co-Applicant's Signature	Forwarding Address
	Street or PO Box
Witness	Succe of 10 Box
	City, State and Zip
Date of Signature	
	Phone Number
	2 10110 2 10110 01

Note: Charges for service will terminate when this signed statement is received by the Four Way SUD office. Any final charges to the account will be deducted from the deposit.

