

BEAR CREEK SPECIAL UTILITY DISTRICT
16881 C. R. 541
P. O. Box 188
Lavon, TX 75166
(972) 843-2101
h20@bearcreeksud.com

REQUEST FOR SERVICE DISCONTINUANCE

Date: _____ **Account #:** _____

Customer(s): _____

Meter Address: _____

I/we hereby request that the above meter be disconnected on _____ from the District's water utility system and that my deposit is refunded. To reinstate service at this address, I acknowledge that I will be required to re apply for service as a new customer and pay the associated fees as stated in the district's Rate Order in effect at that time.

If the following applies, please initial: _____ 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.

Forwarding address:

(Address)

(City) (State) (Zip)

(Phone Number)

Customer Signature:

Customer Signature:

Notice: Charges for service to this account will terminate on the date service is disconnected by the district. Service will be disconnected within 48 hours of the date this completed and signed form is received by the district, unless you enter a subsequent disconnection date in the space provided above.

RECEIVED BY DISTRICT ON _____, 20____, **BY** _____