

STEPHENS REGIONAL SPECIAL UTILITY DISTRICT
P. O BOX 1621
BRECKENRIDGE, TX 76424
PHONE: (254)559-6180 / FAX: (254) 559-3820

REQUEST FOR SERVICE DISCONTINUANCE
& DEPOSIT REFUND REQUEST

I, _____, hereby request that my water meter number _____ or account number _____ located on _____, be **disconnected** from Stephens Regional Special Utility District service on _____ **(date)** and that my deposit fee is refunded to me. I understand that if I should ever want my service reinstated I may have to reapply for service as a new customer and I may have to pay all costs as indicated in a then current copy of the Stephens Regional Special Utility District Rate Order and Service Policy. 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 spouse joins me in this request and I am authorized to execute this Request for Service Discontinuance on behalf of my spouse.

Note: Charges for this service will not cease until Stephens Regional SUD receives this statement in our office. Please, provide a forwarding address for any refund due:

Signature of Customer

DL# or S.S.#

Date of Signature

Please, fill in your forwarding address: _____

Telephone: _____

New Customers must make application before cut off date or service will be terminated.