Office 903-873-2509 Fax 903-873-4872

South Tawakoni Water Supply Corporation

P O Box 485 Wills Point, Texas 75169

REQUEST FOR SERVICE DISCONTINUANCE & MEMBERSHIP CANCELLATION

I/Business Name	_, hereby request that my water service account
number located at	, be disconnected from South
Tawakoni Water Supply Corporation service a	nd that my membership fee is to be refunded. I
understand that if I should ever want my service	ce reinstated I may have to reapply for service as a
new member and I may have to pay all costs as	s indicated in the re-service provisions in the
current copy of the Water Supply Corporation	Tariff.
Charges for water service will terminate when this signed statement is received by the South Tawakoni Water Supply Corporation office. I understand and agree that a fee will be incurred for the processing of this transaction and will be deducted from the membership fee in addition to final water and service trip charges.	
Residential account:	
	ation that my spouse joins me in this request and I
	rice Discontinuance on behalf of my spouse as a
joint owner of the aforementioned property.	
Commercial account:	
I further represent to the Corporation that I am	
and have	full authority to execute this Request for Service
Discontinuance on behalf of said business.	
	Signature
	Signature
	Date of Signature