

Combine Water Supply Corporation

P.O. Box 160 * 4100 FM 1389 South
Seagoville, Texas 75159
Phone (972)476-9032 * Fax (972)474-6767

COMBINE WATER SUPPLY CORPORATION REQUEST FOR SERVICE DISCONTINUANCE

I, _____, hereby request that my water account number _____ located at _____, be disconnected from Combine Water Supply Corporation service. I understand that if I should ever want my service reinstated I may have to reapply for service as a new member and I may have to pay all costs as indicated in the re-service provisions in the current copy of the Water Supply Corporation Tariff.

Charges for water will terminate when this signed statement is received by the Combine Water Supply Corporation office.

Signature

Date of Signature

Received in office: _____