



Email to Linda Ruddock Lruddock@collegemoundwater.com
Or deliver to the office at the address below.

REQUEST FOR SERVICE DISCONTINUANCE

I, _____, hereby request that my water service located at _____, account number _____, be **disconnected** from College Mound Special Utility District water service on _____, **20**__ and that my deposit be refunded to me. I understand reinstatement of my service will require reapplication for service as a new customer and all fees will apply at that time as indicated in the current District Rate Order. 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 further understand 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. **I understand it is my responsibility to stop any and all auto payments from either my banking institution or College Mound Special Utility District's website.**

Note: Charges for this service will continue until College Mound SUD receives this statement in our office. Please, provide your forwarding address for any refund due:

Signature of Customer

Date of Signature

Forwarding address: _____

Phone: _____

New Customer(s) must make application before service termination date to avoid disruption of service.

New Customer's Name _____