

CHALK BLUFF WATER SUPPLY CORP.

Service Cancellation Form

Name: _____ Date: _____ (Date to disconnect service)

Current Address: _____ (The street address you are requesting shutoff)

_____ Acct # _____ (This can be found on your bill)

Phone # _____ Email Address: _____

Forwarding Address: _____

Service Termination Agreement

I understand that I am requesting to terminate water service at this address.

I am requesting any outstanding amount due for water service to be deducted from my deposit. If a remainder balance is due after deposit* is applied, I understand I am responsible for this balance.

** If there is a deposit balance left after all outstanding balances are applied, a check will be mailed once the account is finalized.*

Signature: _____ Date: _____

Office Use Only

Final Reading: _____

Date: _____

Book ID: _____ Sequence # _____

Operator: _____

Balance due: \$ _____

Deposit Refund: \$ _____