



Copeville SUD

Strengthening our community with
quality and service

Office 972-853-4630
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mywater@copevilwater.com

REQUEST FOR SERVICE DISCONTINUANCE

Account# _____

Service Address _____

I hereby request that my water service be disconnected from Copeville Special Utility District on _____ and that in the instance a final balance is due I assume responsibility for the outstanding balance.

Forwarding Address

Signature of Applicant

Printed Name of Applicant

Date of Signature

NOTE: Charges for service will terminate when this signed statement is received by the Copeville Special Utility District.