



# Copeville SUD

Strengthening our community with  
quality and service

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www.copevillewater.com  
mywater@copevillwater.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 my deposit be applied to my account to pay all outstanding balances. Any remaining deposits will be returned to me at the forwarding address below. In the instance the final balance is greater than the deposit amount 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.