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COPEVILLE SPECIAL UTILITY DISTRICT

**COPEVILLE SPECIAL UTILITY DISTRICT
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.

Signature of Applicant _____

Signature of Co-Applicant _____

Date of Signature _____

Forwarding Address

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

Strengthening our community with quality and service"