150 FM 16

(903)253-5565

Canton, Texas 75103

## DISCONTINUANCE REQUEST FORM

I,	, l	ereby request that my water service at account
number	located at	, be disconnected
to my final bala	ance. If there is still a balance	ration service and that my membership will be applied due after this transaction I will receive a statement for nere will be a refund check send to the addressee
new member, a Moore Water S system capacit deliver adequa	and I will have to pay all costs Supply Corporation Tariff. Fut cy, which I understand may be ate service. I further represent	ervice reinstated I will have to reapply for service as a as indicated in the then current copy of the Little Hope- are ability to provide service will be dependent upon limited and may require capital improvements to to the Corporation that my family joins me in this
request, and I a family.	am authorized to execute this	Request for Service Discontinuance on behalf of my
Signature		Date
Print Name		Date of Discontinuance
Street		City, State, Zip
Phone Numbe		-