

## **REQUEST FOR SERVICE DISCONTINUANCE**

l,	, do hereby request Ables Springs Special
•	r utility service and refund the deposit. I understand that
•	equire reapplication for service as a new customer and all
fees will apply at that time as in	dicated in the current Service Policy and Rate Order of
Ables Springs Special Utility Dist	rict. Future ability to provide service will be dependent
upon system capacity, which I	understand may be limited and may require capital
improvements to deliver adequate	service. I also understand that these improvements will be
at my cost. I further represent to the	e District that my co-applicant joins me in this request and
I am authorized to execute this	Request for Service Discontinuance on behalf of my
co-applicant.	
Account #:	Service Location:
Date Requested for Discontinuance	
(Charges for water service w	<u>ill continue until this request is received in our office.)</u>
Mailing Address for Final Bill/Done	oit Defunds
Mailing Address for Final Bill/Depos	sit Refund:
Customer Signature	Date
	(Office Use Only)
□LOCK □ DO NOT LOCK	Reading:
Route/Sequence#:	Meter#:
Deposit Amount: Fina	al Bill Amount: Refund / Due: