

A WISE BEGINNING

NEWARK



EST 1951

TEXAS

**Request for Cancellation of
Water, Sewer & Waste
Services**

Account Number: _____

Date Service is to be cancelled: _____

Name: _____ Phone Number: _____

Service Address: _____

Forwarding Address: _____

Phone Number: _____ Alternate Phone Number: _____

I hereby acknowledge the deposit on my account will be applied to the final bill. A refund of the deposit balance or amount owed will be sent to the responsible party for the account to the forwarding address listed above.

Signature: _____ Date: _____

Printed Name: _____

Office Use Only

Received by: _____ Date: _____ End Meter Read: _____

Amount of deposit on account: \$ _____ Amount due on account: \$ _____ Refund Amount: \$ _____

Entered by: _____ Date: _____