

**SOUTH FREESTONE COUNTY WATER SUPPLY CORPORATION
REQUEST FOR SERVICE DISCONTINUANCE
& MEMBERSHIP CANCELLATION**

I _____, hereby request that my water service account number _____ located on well routed _____, be disconnected from South Freestone County Water Supply Corporation service and that my membership fee be refunded to me. I understand that I surrender my SFCWSC membership certificate and if I should ever want my service reinstated, I will have to reapply for service as a new member and I will have to pay the current membership/re-connect fee according to the current Water Supply Corporation Tariff. **NOTE: Charges for service will terminate when this signed statement is received by the SFCWSC office and the account is paid in full.**

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 understand and agree that the final water bill and service charges will be deducted from the membership fee/deposit.

(Residential account)

_____ If applicable, I further represent to the Corporation that my spouse joins me in this request and I am authorized to execute this Request for Service Discontinuance on behalf of my spouse as a joint owner of the aforementioned property.

OR

(Commercial account)

_____ I further represent to the Corporation that I am the duly authorized representative of _____ and have full authority to execute this Request for Service Discontinuance on behalf of said business.

Signature

Date of Signature