

Request for Service Discontinuance

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NSUD Applicant, Co-Applicant as it appears on the original Service Application/Agreement), hereby request that my water service account number \_\_\_\_\_\_\_\_\_\_\_\_located \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address of service), be disconnected on \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_.

**Note: Service will terminate on the date specified above, if the date specified is not a Saturday, Sunday or Holiday and upon the completion of this form.**

I understand service will be discontinued on the above date or as soon as possible. I understand that if I should ever require water service reinstated with NSUD, **I may have to re-apply for service and may have to pay all costs indicated in a current copy of the NSUD Rate Order.** I understand that service 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 my co-applicant in this discontinuance request and I am authorized to execute this request on behalf of my co-applicant. I further understand I will be charged for all water usage to the date of disconnection and will be mailed a final bill, upon final reading taken by NSUD.

**A final reading will be taken and the meter will be locked.** The final water bill and any balance owed previously will be deducted from deposit and remaining balance, if applicable, will be mailed to the forwarding address.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Must be original applicant or co-applicant on account)**

Forwarding Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zipcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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