

**Combined Consumers** *Special Utility District*

Mailing Address: P.O. Box 2829

Physical Address: 10446 FM 751

Quinlan, Texas 75474

Phone Number: (903) 356-3321 Fax Number: (903) 356-3322

**DEPOSIT REFUND/DISCONTINUE SERVICE**

I, \_\_\_\_\_, do hereby authorize the Combined Consumers Special Utility District to discontinue water utility service and refund the deposit. I understand that I relinquish all customer and water rights, until at such time I wish to pay a new deposit and current re-service charges.

Final Meter Reading Date: \_\_\_\_\_ Service location to be disconnected \_\_\_\_\_

**ADDRESS FOR DEPOSIT REFUND AND/OR FINAL BILL**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

D.L. #: \_\_\_\_\_

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**District Personnel**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**OFFICE USE ONLY**

**Account #:** \_\_\_\_\_

**Meter #:** \_\_\_\_\_

**Service Location:** \_\_\_\_\_

**Final Meter Reading Date:** \_\_\_\_\_

**Deposit Amount:** \_\_\_\_\_

**Final Bill To Be Deducted From Customer Deposit:** \_\_\_\_\_

**Refund Amount To Be Sent At End Of The Month:** \_\_\_\_\_