



217 S MAIN ST, WINONA, TX 75792

WWW.SMWSC.COM

EMAIL OFFICE@SMWSC.COM

903-877-3096

REQUEST TO DISCONTINUE SERVICE

I, (print) _____, hereby request that my water service, account number _____ located at _____ with meter serial number _____

be disconnected from Star Mountain Water Supply Corp. effective on ____/____/____. I understand that my Membership Fee will be refunded to me. If I should ever want my service reinstated, I understand that I may have to reapply for service as a new member and that I will have to pay all costs as indicated in a then current copy of Star Mountain Water Supply Corporation's Tariff. Future ability to provide service will be dependent upon system capacity, which I understand may be limited and my require capital improvements to deliver adequate service. I also understand that these improvements **will be at my cost.** 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 the behalf of my spouse. Things I need to bring in to the office: Photo Identification. This can be a state issued ID, Driver's License, Passport.

Signature of Member: _____

Member's Printed Name: _____

Date: _____

NOTE: ANY FINAL CHARGES OWED ON THE ACCOUNT WILL BE DEDUCTED FROM THE MEMBERSHIP FEE. ALL CHARGES FOR SERVICE WILL TERMINATE ONLY WHEN THIS SIGNED STATEMENT IS RECEIVED BY THE STAR MOUNTAIN WATER SUPPLY OFFICE.

Forwarding Address: _____

Phone Number: _____

(OFFICE USE ONLY)

Received By: _____ **Date:** _____

Entered By: _____ **Date:** _____