



LINDALE RURAL WATER SUPPLY CORPORATION

15934 CR 431 P.O. Box 756 Lindale, TX 75771 Phone: 903-882-3335 Fax: 903-882-6822

SERVICE DISCONTINUANCE REQUEST

DATE: _____

ACCT #: _____

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

DRIVER'S LICENSE #: _____

I, _____ hereby request my water service to be disconnected on the following date _____

I understand if I want my water service reinstated, I may have to reapply for service as a new member and I may have to pay all costs as indicated in the current copy of Lindale Rural Water Supply Corporation Tariff. Future ability to provide services will be dependent upon system capacity, which I understand may be limited and may require capital improvements to deliver adequate service. I also understand these improvements will be at my cost.

FORWARDING ADDRESS (REQUIRED)

SIGNATURE: _____