

TWO WAY SPECIAL UTILITY DISTRICT

1201 Sherman Dr
PO Box 919
Whitesboro, TX 76273

Telephone (903) 564-3180

REQUEST FOR SERVICE DISCONTINUANCE

I, _____ hereby request that my service at _____, be disconnected from Two Way Special Utility District. I understand that if I should ever want my service reinstated I may have to reapply for service as a new customer and I may have to pay all costs as indicated in a then current copy of the Two Way SUD Service Policy. 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 further represent to the District that my spouse joins me in this request and I am authorized to execute this Request for Service Discontinuance on behalf of my spouse. **Charges for service will terminate when this signed statement is received by the Two Way SUD office.**

Signature

Date of Signature

Date of Receipt