409.684.3515
P.O. Box 1398
1840 Hwy 87
Crystal Beach, TX 77650

SERVICE TERMINATION REQUEST

Date: _____

Account Holder Name: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____

Name and address that refund (if any due) should be mailed to:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date you would like service to be disconnected: _____

Please read and complete the following:

I, _____, request that service at the above service address be terminated on the date indicated above. I understand that my final bill will be deducted from my customer deposit and if a refund is due, it will be sent to the address I listed above. Furthermore, I understand that I am responsible for any outstanding balance that may remain after the deposit is applied. I also understand that future service will require a new service application and payment of a new customer deposit and all applicable fees.

_____ _____

Account Holder Signature Date