

Central Bowie County WSC Service Disconnection Request

Name: _____

Account Number: _____

Meter Serial Number: _____

I request that my water service be disconnected effective _____

I agree to pay the **\$25.00 disconnection fee.**

Initial which type of disconnection you are requesting and the conditions.

1. _____ I am canceling/surrendering my membership in the corporation.

I request that my membership fee, less service charge and any bills owed the Corporation be refunded.

a. _____ *I understand that if I should ever want service reinstated, I will have to re-apply for service as a new member and have to pay all costs.*

b. _____ *The cost to re-establish service will be determined by the rates and fees in place at the time as established by the CBCWSC Tariff.*

c. _____ *As of 1/22/25, the cost begins at **\$190.00**. The cost increases \$20.00/month for each month out of service up to a maximum of **\$1,640.05**.*

d. _____ *I understand that future ability to deliver service will be dependent upon system facilities in place at the time and may require additional improvements.*

2. _____ I am requesting disconnection only.

I want the meter turned off and locked. My membership will remain valid; service will be available, but not accessible, until such time as I request that service be restored.

a. _____ *I understand that in order to remain a member in good standing, I must pay the monthly minimum charge for service.*

b. _____ *I understand that in order to restore service, I must provide at least 1 business day advance notice to the Corporation. Restoration will only be done during normal business hours.*

Member's Signature: _____

Date: _____

Amount Refunded: _____

Meter Reading _____ Operator _____ Date _____