5461 FM 858

(903) 833-5206

Ben Wheeler, Texas 75754

DISCONTINUANCE REQUEST FORM

I,	, hereby request that my water service at
I,, hereby request that my water service at account number located at, be disconnected from Ben Wheeler Water Supply Corporation service and that my membership will be applied to my final balance. If there is still a balance due after this transaction, I will receive a statement for that final amount and agree to pay said statement. If there is over payment, there will be a refund check send to the addressee below.	
service as a new member, and I will l copy of the Ben Wheeler Water Supp will be dependent upon system capa require capital improvements to deli	ant my service reinstated, I will have to reapply for have to pay all costs as indicated in the then current bly Corporation Tariff. Future ability to provide service city, which I understand may be limited and may iver adequate service. I further represent to the in this request, and I am authorized to execute this on behalf of my family.
Signature	Date
Print Name	Date of Discontinuance
Street	City, State, Zip
Phone Number	

Approved: 8-19-24 BWWSC