



1840 Highway 87 • P.O. Box 1398 • Crystal Beach, TX 77650  
Telephone: (409) 684-3515 Fax: (409) 684-7515

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### *Service Termination Request*

**Date:** \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Account No.:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**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.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date