

## **REQUEST FOR SERVICE DISCONTINUANCE**

I,	, herel	by request that my water meter for account	t number
located at		, be <b>disconnected</b> from F	Rose Hill
		and that my deposit fee is refunded to n	
any outstanding charges. I understand	that if I should ever	want my service reinstated, I will have to re	apply for
service as a new customer and I will	have to pay all cos	sts as indicated in the current copy of the H	Rose Hill
SUD's Service Policy and Rate Order	. I further represent t	to the District that my spouse joins me in this	s request,
and I am authorized to execute this red	quest for service disco	ontinuance on behalf of my spouse.	
		ll SUD receives this statement in our office. An harges, including final charges, on the account.	ıy deposit
Customer Signature	Date Cust	tomer Signature Date	
	DEPOSIT FOR A	<b>ACCOUNT REFUNDS</b> please provide the following information for a	direct
Date of Request:			
I (we) hereby authorize Rose Hill Spe checking/savings accounts at the finar			
Name of Financial Institution			
Signature			
Email Address			
Checking/Savings Account Number:			
Financial Institution Routing Number (Look between	en these symbols 1:1 on the bott	tom of your check)	