

ROSE HILL SPECIAL UTILITY DISTRICT
P. O BOX 190
KAUFMAN, TEXAS 75142
PHONE: (972) 932-3077 / FAX: (972) 962-8793

REQUEST FOR SERVICE DISCONTINUANCE

I, _____, hereby request that my water meter number _____
or account number _____ located at _____, be
disconnected from Rose Hill Special Utility District service on _____, **20**__ and that my
deposit fee is refunded to me. I understand that if I should ever want my service reinstated I may have to
reapply for service as a new customer and I may have to pay all costs as indicated in a then current copy
of the Rose Hill Special Utility District Rate Order and Service Policy. Future ability to provide service
will be dependent upon system capacity, which I understand may be limited and may require capital
improvements to deliver adequate service. I also understand that these improvements will be at my cost.
I further represent to the District that my spouse joins me in this request and I am authorized to execute
this Request for Service Discontinuance on behalf of my spouse.

***Note: Charges for this service will not cease until Rose Hill SUD receives this statement in our
office. Please, provide your forwarding address for any refund due:***

Signature of Customer

Date of Signature

Please, fill in your forwarding address: _____

Telephone: _____

New Customers must make application before cut off date or service will be terminated.

New Customer's Name _____