

Request for Service Discontinuance

Customer Name:		
I, the undersigned, hereby request that my water meter assigned to the above account and address be disconnected from Town of Providence Village (the "Town") service and that my deposit be refunded to me ¹ . If I should ever want service reinstated at this address, I acknowledge that I may have to reapply for service and pay all fees required by the Town's Schedule of Rates in effect at the time. I understand that the Town's ability to provide service in the future will be dependent on system capacity, which may be limited, and that capital improvements may be needed to deliver adequate service. I also understand that any necessary capital improvements will be constructed at my cost. I further represent to the Town that my spouse joins me in this request and I am authorized to execute this Request for Service Discontinuance on behalf of my spouse.		
Forwarding Address:		
City:		Zip:
Date of Discontinuance:		
This application MUST backets and correctly or i		• • • • • • • • • • • • • • • • • • • •
Customer Signature:		•
Name of Signatory:		Date:

¹ If your account has a deposit, it will automatically be applied to your final bill. If there is a credit on final bill, a check will be mailed to you. It can take up to 45 day to receive your final bill and an additional 2 weeks to process a refund check.

Rev. 2/20 Page **1** of **1** PHONE: 940-365-9333
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