

**SOUTHWEST MILAM WATER SUPPLY CORPORATION  
REQUEST FOR SERVICE DISCONTINUANCE**

When a Discontinuance of Service Form is completed and returned to the Corporation, service to that meter will stop. If service has been discontinued due to non-payment, the same procedure will apply. The Corporation will not reserve service to any meter without payment in full. After discontinuance, the Corporation will liquidate the membership after a period of 30 days.

Before liquidation, a member may resume service by bringing charges to the account current. After liquidation, the member will have to apply for service as a new applicant and pay all associated fees as per the Corporation's Tariff, provided capacity is available.

I, \_\_\_\_\_,  
hereby request that my water meter (SN# \_\_\_\_\_)  
located at \_\_\_\_\_

be disconnected from Southwest Milam Water Supply Corporation. I understand that if I should ever want my service reinstated I will have to reapply for service as a new member and I will have to pay all costs as indicated in a then current copy of the Southwest Milam Water Supply Corporation Tariff. Future ability to provide service will be dependent upon system capacity, which I understand may be limited and may require capital improvements at my expense. I further represent to the Corporation that any co-owners of the property join me in this request and I am authorized to execute this Request for Service Discontinuance on behalf of those co-owners.

**MEMBER IS RESPONSIBLE FOR CANCELING ANY AUTOMATIC PAYMENTS FOR THE ACCOUNT AT THE TIME THAT THE DISCONTINUANCE FORM IS SUBMITTED.**

\_\_\_\_\_  
DATE OF SIGNATURE

\_\_\_\_\_  
MEMBER SIGNATURE

Southwest Milam Water Supply Corporation  
P.O. Box 232  
706 E Cameron Avenue  
Rockdale, TX 76567  
512-446-2604 Fax 512-446-7376

CHANGE OF CONTACT INFORMATION

DATE: \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

NAME: \_\_\_\_\_

IN CARE OF (IF APPLICABLE): \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRIMARY PHONE NUMBER: \_\_\_\_\_

SECONDARY PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

\_\_\_\_\_

MEMBER SIGNATURE REQUIRED: \_\_\_\_\_