

Fax (512) 357-0152 PO Box 158 Maxwell, TX 78656 www.maxwellsud.com

REQUEST FOR FLOATING DEPOSIT

I,	, request that my security deposit be converted into a
floating deposit. My account wi	ll remain active after the tenant vacates the property located at
	and I understand that I will be billed a monthly
minimum bill and any water use	ed during the vacancy until it is occupied.
	Signature:
	Date of Request:
	Date of Nequest.
Account # Location # _	
Name	
Name	
Address	
City, State, Zip code	
City, state, zip code	
Phone number	
Accorded by MCLID Degrees which	tivo.
Accepted by MSUD Representat	uve