



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

DISCONNECTION OF SERVICE FORM

I, _____, do hereby request that Maxwell Special Utility District terminate water service at _____, account number _____. I recognize that this will effectively end my membership, for this meter/account, with Maxwell Special Utility District. Anyone, including myself, wishing to have service reconnected at this address will have to reapply for service and pay the associated cost for reconnection. I further understand that any unpaid balance will be taken out of my deposit fee for this account and the remaining balance, if any, will be mailed to me at the following forwarding address:

Street/Po Box _____

City _____ State _____ Zipcode _____

Final Reading _____ Date _____

Contact Number _____

Signature _____

Printed Name _____