

CYPRESS SPRINGS SPECIAL UTILITY DISTRICT

P.O. Box 591 * Mount Vernon * Texas 75457-0591
114 FM 115 * Mount Vernon
903-588-2081 or 888-588-1464 FAX: 903-588-2085
E-Mail: office@cssud.org Website: www.cssudpay.com

REQUEST FOR WATER UTILITY DEPOSIT REFUND

I, _____ hereby request that the water service currently billed to my name, Account No. _____ Service ID No. _____ Route: _____ and located _____ be disconnected from the Cypress Springs Special Utility District service and that my \$75.00 deposit (less any indebtedness owed the district) be refunded to me.

I understand that if I should ever require service, I will have to make the application and pay all costs as indicated in the Cypress Springs Special Utility District Service Policy. The future ability to deliver service will depend upon system capacity, which I understand may be limited and require capital improvements necessary to deliver adequate service. I also understand that these improvements will be at my cost.

X _____
Signature of Customer

Date of Signature

Please Print New Mailing Address:

Email: _____

Contact Number: _____

Buyer: _____

Closing Date: _____

Final Reading Date: _____

It is the customer's responsibility to promptly notify CSSUD in writing of any changes to their address or contact details. Failure to provide dates will result in the account being closed on the next business day upon receiving the form. Upon account closure in the CSSUD system, a new application process will be required to reinstate service.

(OFFICE USE ONLY)

Application Received Yes No
 Work Order Made/Sent Bucket Test C/O Trans C/O Meter Pull/Plug Meter
Date: _____ Date Pulled/Plugged: _____

Past Due Amount: _____

Final Reading: _____

Usage: _____ By: _____

Amount of Deposit: _____

Final Billing Date: _____

Less Final Bill: _____

Refund: _____

Date Posted: _____

Date Received Form / Rep _____

Remove M & T No.s _____

Bad Debt _____

Added Consumption Alert _____