

# 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 at \_\_\_\_\_ be disconnected from the Cypress Springs Special Utility District service and that my \$75.00 deposit (less any account balance owed to 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 that need to be made to this form after it is submitted. 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.**

Application Received  Yes  No **(OFFICE USE ONLY)**

Work Order Made/Sent  Work Order Made/Sent to Pull / Plug Meter MM OR KAM  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

Pull/Plug Meter  
Date Pulled/Plugged \_\_\_\_\_

Amount of Deposit \_\_\_\_\_ Final Reading: \_\_\_\_\_ Usage: \_\_\_\_\_ By: \_\_\_\_\_

Prior Balance: \_\_\_\_\_ Final Billing Date: \_\_\_\_\_

Less Final Bill: \_\_\_\_\_

**Refund:** \_\_\_\_\_ Date Posted: \_\_\_\_\_ Date Received Form \_\_\_\_\_

Remove M & T No. \_\_\_\_\_ How Form Was Received \_\_\_\_\_ Rep \_\_\_\_\_

**Outstanding Balance Due** \_\_\_\_\_ Added Consumption Alert \_\_\_\_\_