

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 ever require service, I will need to submit a new application and cover all associated costs as outlined in the Cypress Springs Special Utility District Service Policy. I acknowledge that the ability to provide future service will depend on system capacity, which may be limited and may require capital improvements to ensure adequate service. I also recognize that I will be responsible for the costs of these improvements.

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 Pull/Plug Meter
Date: _____ Date: _____ Date Pulled/Plugged _____

Amount of Deposit _____

Final Reading: _____

Usage: _____ By: _____

Prior Balance: _____

Final Billing Date: _____

Less Final Bill: _____

Date Posted: _____

Refund: _____

Balance Due: _____

Date Received Form _____

Added Consumption Alert _____ How Form Was Received _____ Rep _____