SANTO SPECIAL UTILITY DISTRICT P.O. BOX 248 SANTO, TX 76472 (940) 769-4594 Fax: (940) 769-2823

TERMINATION REQUEST

Customer:		
Account # Service Address:	Deposit of \$	
Assigned to the above-not Special Utility District services of previously. I under reinstated, I may have may have to pay all compecial Utility District service will be dependent limited and may require a also understand that the sto the District that my special Utility District service will be dependent limited and may require a service will be dependent limited and may require a service will be dependent limited and may require a service will be dependent that the services will be dependent to the District that my special provides the services will be dependent to the dependent of the services will be dependent to the dependent of the services will be dependent to the dependent of the services will be dependent to the dependent of the services will be dependent to the service	Customer, hereby request that ofted account and address be discovice and that my deposit is to be estand that if I should ever we to reapply for service as a rests as indicated in a then cure Rates and Service Policy. Further upon system capacity, which I is capital improvement fee to delike improvements will be at my control of the c	connected from Santo e refunded to me, if not vant my service new customer and I rrent copy of the ture ability to provide understand may be iver adequate service. I post. I further represent me in this request and
Signature of Owner	 Date	
Forwarding Address:		
Discontinue Date:		
۸۰	District Signature:	
All	nount of Deposit Refunded:	