

REQUEST FOR TERMINATION OF SERVICE

I, _____ am requesting service to be terminated at the following service address _____ effective _____, **(Monday thru Friday excluding Holidays)**. I understand that I may request any date in the future to terminate service, but I cannot stop service prior to **today**. If I back-date this request, the District will correct the date to the date it receives the request. Please send my final bill and/or refund to the following address:

(Address Required)

I am aware that service will be terminated at the above service address on the above date between 8:00 am and 5:00 pm. If I need to change the above date, I will contact Lakeway Municipal Utility District at the number listed above at least one (1) day prior to the requested termination date and complete a new request form. If service is terminated before I request a new turn off date, I am aware that the District may be charge a \$50.00 service fee to reconnect service. I am also aware that it can take up to 2 months to receive my final bill. Completing this form does not automatically terminate recurring bank/credit card drafting. To terminate automatic drafting, please contact the District Office.

Customer Signature

Date

If you mail or fax this form, it is your responsibility to verify that we received it.