



REQUEST FOR DISCONNECTION

Name: _____

CCSUD Account Number: _____

Disconnection Date: _____

Check one that applies: Owner Tenant/Renter Other: _____

Check one that applies: Sold Lease is complete Other: _____

Service Address: _____

Phone Number: _____

Email: _____

Forwarding Address: _____

By signing, I understand that **only** the Owner or Tenant/Renter may request disconnection of water service. CCSUD bills one month behind, and I will receive a final bill. Disconnection times are not scheduled and can occur at any point during business hours.

If water is still needed at the property on your selected disconnect day, we recommend selecting the next business day instead.

If no deposit remains to cover the final balance, payment is due by the 10th of the following month. I am responsible for paying the final bill.

A review of your request will determine if the request for disconnection may be granted. If your request is denied, you will be notified in writing.

Signature

Date Signed

Return: Email customerservice@crystalclearsud.org or via Mail/In person: 2370 FM 1979 San Marcos, TX 78666

BELOW THIS LINE FOR OFFICE USE ONLY:

CSR Signature Rec'd

Date Rec'd

Current Balance

Account Number

CSR Signature Processed

Date Processed