

New Customer:
Pull Meter:

Mailing Address to Mail Deposit To:

**BROOKESMITH SPECIAL UTILITY DISTRICT
P.O. BOX 27
BROWNWOOD, TX 76804-0027
(325)646-5731 Fax (325)643-6108**

**FINAL BILL DATE
(Date for Meter to be Read)**

____/____/____

REQUEST FOR SERVICE DISCONTINUANCE

I, _____, hereby request that my Account # _____, Meter # _____, 911 Address _____, be disconnected from Brookesmith Special Utility District service and that **ALL BALANCES INCLUDING FINAL CHARGES WILL BE DEDUCTED FROM MY DEPOSIT.** I understand that if I should ever want my service reinstated, I may have to re-apply for service as a new customer and I may have to pay all costs as indicated in a then current copy of the Brookesmith Special Utility District Service Policy. Future ability to provide service will be dependent upon system capacity, which I understand may be limited and may require capital improvements to deliver adequate service. I also understand that these improvements will be at my cost. I further represent to the Brookesmith Special Utility District that my spouse joins me in this request and I am authorized to execute this Request for Service Discontinuance on behalf of my spouse.

Date

Signature

Social Security # or DL #

THE STATE OF _____
COUNTY OF _____

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to be that he or she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the _____ day of _____, 20 _____.

Notary Public in and for the
State of _____

(SEAL)

NOTE: Charges for service will terminate when the Brookesmith S.U.D. office receives this signed and notarized statement.
Phone (325) 646-5731 Fax (325) 643-6108