

P.O. Box 40 Jarrell, TX 76537 www.jswatersupply.com Phone 512-746-2114

REQUEST FOR SERVICE DISCONTINUANCE	
I, (print)	, hereby request that my water service, account number
located at	, be disconnected from Jarrell-Schwertner Water Supply
Corporation's service, effective on/	I understand that if I should ever want my service reinstated, I will
have to reapply for service as a new memb	ber and I will have to pay all costs as indicated in a then current copy of the
Jarrell-Schwertner Water Supply Corporate	tion Tariff. Future ability to provide service will be dependent upon system
capacity, which I understand may be limit	ed and may require capital improvements to deliver adequate service. I also
understand that these improvements will be	be at my cost. I further represent to the Corporation that my spouse joins me in
this request and I am authorized to execut	e this Request for Service Discontinuance on behalf of my spouse.
Is this account currently set up for auto	-draft?
□ Yes □ No	
	Signature
	Date of Signature
NOTES: Charges for service wil	l terminate when this signed statement is received by the Corporation's
office. Your membership fee will be app	lied to your last bill. This may create a credit balance which will be refunded by
check or may reduce the amount of your f	inal bill.
	Forwarding address needed for refund:
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