



Owner Request to Terminate Utility Service

This institution is an Equal Opportunity Provider and Employer

Office: 12452 Us Hwy 87 E.
Adkins, TX 78101
Email:
accountservices@ecsud.com

I, _____ (Name) an authorized account holder of
_____ (Service Address), _____ (Account #)
authorize East Central SUD to terminate or suspend my existing service on _____ (date).

Accounts will not be terminated on weekends or holidays.

I have sold the property

Closing date of property sold:

I have rented out the property

Tenant's lease start date:

Remove meter and refund deposit, if applicable

Note: Owner/property manager accounts become inactive while renter is occupying the property – deposit remains on the account

_____ (Initials) I hereby acknowledge that the meter will be turned off and locked, should transfer of service not be completed and submitted to the office with three (3) business days of date of termination

Note: Should you want service reinstated you will need to reapply for service and pay all costs indicated in the re-service provision in the current District policy

Forwarding Address:

Phone: _____

Email: _____

Failure to complete this form and submit to East Central SUD will result in continued financial responsibility of account holder for above service address.

Please sign below and attach a copy of your photo ID for verification.

Signature

Print Name

Date