



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