

# CYPRESS SPRINGS SPECIAL UTILITY DISTRICT

P.O. Box 591 \* Mount Vernon \* Texas 75457-0591  
114 FM 115 \* Mount Vernon  
903-588-2081 or 888-588-1464 FAX: 903-588-2085  
E-Mail: office@cssud.org Website: www.cssudpay.com

## REQUEST FOR WATER UTILITY DEPOSIT REFUND

I, \_\_\_\_\_ hereby request that the water service currently billed to my name, Account No. \_\_\_\_\_ Service ID No. \_\_\_\_\_ Route: \_\_\_\_\_ and located at \_\_\_\_\_ be disconnected from the Cypress Springs Special Utility District service and that my \$75.00 deposit (less any indebtedness owed the district) be refunded to me.

I understand that if I should ever require service, I will have to make application and pay all costs as indicated in the Cypress Springs Special Utility District Service Policy. Future ability to deliver service will be dependent upon system capacity, which I understand may be limited and may require capital improvements necessary to deliver adequate service. I, also, understand that these improvements will be at my cost.

X \_\_\_\_\_  
Signature of Customer

\_\_\_\_\_  
Date of Signature

### Please Print Name & New Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Buyer: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Final Reading Date: \_\_\_\_\_

Customer is responsible to notify CSSUD in writing of any date changes. Once current customer is removed from system, water meter will be pulled and **will need to re-establish service.**

Application Received  Yes  No **(OFFICE USE ONLY)**  
 Work Order Made/Sent  Bucket Test  C/O Trans  C/O Meter  Pull Meter

Date: \_\_\_\_\_

Date Pulled: \_\_\_\_\_

Past Due Amount: \_\_\_\_\_

Final Reading: \_\_\_\_\_

Usage: \_\_\_\_\_ By: \_\_\_\_\_

Amount of Deposit: \_\_\_\_\_

Final Billing Date: \_\_\_\_\_

Less Final Bill: \_\_\_\_\_

Refund: \_\_\_\_\_

Date Posted: \_\_\_\_\_

Date Received Form / Rep \_\_\_\_\_

Remove M & T #'s \_\_\_\_\_

**Bad Debt** \_\_\_\_\_