

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 of Deposit: _____

Final Reading: _____

Usage: _____ By: _____

Amount of Deposit: _____

Final Billing Date: _____

Less Final Bill: _____

Refund: _____

Date Posted: _____

Bad Debt _____