

Peoples Water Service Company of Bastrop

Request to Terminate Service Form

ACCOUNT INFORMATION

Customer Name: _____

Account Number: _____

Service Address: _____

Driver's License #: _____

or

Federal Tax ID #: _____

Request Date to Terminate: _____

MAILING FORWARDING ADDRESS

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

CONTACT INFORMATION

Day Time Contact Phone Number: _____

Email Address: _____

I hereby request Peoples Water Service of Bastrop to terminate water service for the above referenced account and declare I am authorized to make this request.

Signature: _____ Date: _____

Please allow up to two business days for the Request to Terminate Service to be processed.