**Milano Water Supply Corporation**

**P.O. Box 181 212 FM 3242**

**Milano, TX 76556**

**Phone: 512-455-2692 Fax: 512-455-3068**

**Email: office @milanowsc.com**

**REQUEST FOR SERVICE DISCONTINUANCE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby request that the water meter

Serial # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for account number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

at Service Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be disconnected from MILANO Water Supply Corporation service. I understand that if I should ever want my service reinstated, I will have to reapply for service as a new member and I will have to pay all costs as indicated in a then current copy of the Water Supply Corporation Tariff. Future ability to provide service will be dependent upon system capacity, which I understand may be limited and may require capital improvements to deliver adequate service. I also understand that these improvements will be at my cost. I further represent to the Corporation that my spouse joins me in this request and I am authorized to execute this Request for Service Discontinuance on behalf of my spouse.

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

Signature

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

Date of Signature

**NOTE:** Charges for service will terminate when this signed statement is received by the Milano WSC office.