

# HC399

## HARRIS COUNTY M.U.D. # 399 TERMINATION OF WATER SERVICE

Account # \_\_\_\_\_

Service Address \_\_\_\_\_  
\_\_\_\_\_

Termination Date \_\_\_\_\_

Forwarding Address \_\_\_\_\_  
(FOR FINAL BILL/DEPOSIT REFUND)  
\_\_\_\_\_

New phone or cell # \_\_\_\_\_

Print Name \_\_\_\_\_  
(ONLY PRIMARY ACCOUNT HOLDER CAN TERMINATE SERVICE)

Signature \_\_\_\_\_  
(NO ELECTRONIC SIGNATURES ACCEPTED)

Today's Date \_\_\_\_\_

**Fax: 281-367-5517**

**Email: [SERVICE@MUNICIPALOPS.COM](mailto:SERVICE@MUNICIPALOPS.COM)**

**or Mail to:**

**PO BOX 1689**

**SPRING TX 77383-1689**

**\*\*\*Please allow up to 3 business days for processing\*\*\***