

WC91

HARRIS COUNTY WCID # 91 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

or Mail to:

PO BOX 1689

SPRING TX 77383-1689

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