

PV

**PINE VILLAGE P.U.D.
TERMINATION OF WATER SERVICE**

Account # _____

Service Address _____

Termination Date _____

Forwarding Address _____

(FOR FINAL BILL/DEPOSIT REFUND)

New phone or cell # _____

Print Renter Name _____

Renter Signature _____

(NO ELECTRONIC SIGNATURES ACCEPTED)

Alternative Option – Owner can terminate as long as the property is confirmed as vacant, Proof of ownership may be required

Print Owner Name _____

Owner Signature _____

(NO ELECTRONIC SIGNATURES ACCEPTED)

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*****