

# WCID8 -

## FORTBEND WCID #8 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 \_\_\_\_\_

**ATTACH PHOTO ID HERE  
( or on a separate sheet of paper )**

Please attach a photo copy of a valid government-issued photo ID which includes your date of birth here, or on a separate sheet of paper



Please return completed form via Email: [service@municipalops.com](mailto:service@municipalops.com),

Fax (281) 367-5517 or

Mail to: 20141 Schiel Rd. Cypress, TX 77433

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