CRYSTAL CLEAR
SPECIAL UTILITY DISTRICT

SERVICE CANCELLATION & METER SURRENDER REQUEST

I, _____, landowner, hereby request that my water meter account number _____ and location number _____ for the address _____ be disconnected from service by Crystal Clear Special Utility District and the meter be surrendered. I understand that by signing for this action, there will no longer be water service for that location/address. I also understand that I am fully responsible for all charges incurred on this account to the date of disconnect including consumption and any fees, **which includes a $100 voluntary disconnect fee due at the time of this request**, as well as any damages discovered during this process. Once all the charges are paid in full, my deposit refund will be processed and mailed to the forwarding address I have provided at the bottom of this document. The deposit will **not** be processed for refund until all of the charges owed on the account are paid in full.

I am fully aware and understand that if I or any other person request water service be provided to this location/address, it would be treated as a new account. This would require a new application for service with all of the necessary documents and any cost associated with this process, including but not limited to a deposit, installation fees, etc., in accordance with the Crystal Clear Special Utility District Rules and Regulation. In the event that a Capital Recovery Fee was never paid for this location/address, future ability to provide service would be dependent upon system capacity. This capacity may be limited and could also require an engineering study be performed to determine if there is availability; this cost would be the financial responsibility of the person requesting service. If the determination is made as a result of the engineering study, that there is not enough capacity available to provide this location with service, there could be additional charges at the responsibility of the person requesting service for this location.

_____
Requested surrender date

_____ _____
Signature of Account Owner Date Signed

_____ _____
Signature of Account Owner Date Signed

Forwarding Address:

_____

BELOW THIS LINE FOR OFFICE USE ONLY:

_____ _____ _____ _____
CSR Signature Rec'd Date Rec'd CSR Signature Processed Date Processed

Non-Discrimination Statement

"This institution is an equal Opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found on line at http://www.ascr.usda.gov/complalnt filing cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the Information requested in the form. Send your completed complaint form or letter to us by mall at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250·9410, by fax (202) 690·7442, or email at proqram.lntake@usda.gov ."