



BOLIVAR PENINSULA SPECIAL UTILITY DISTRICT
P.O. BOX 1398 • 1840 HIGHWAY 87 • CRYSTAL BEACH, TX 77650
PHONE (409) 684-3515 • FAX (409) 684-7515

Service Termination Request

Date: _____

Customer Name: _____

Service Address: _____

Account No.: _____

Name and address that refund (if any due) should be mailed to:

Date you would like service to be disconnected: _____

Please read and complete the following:

I, _____, request that service at the above service address be terminated on the date indicated above. I understand that my final bill will be deducted from my customer deposit and if a refund is due, it will be sent to the address listed above. Furthermore, I understand that I am responsible for any outstanding balance that may remain after the deposit is applied. I also understand that future service will require a new service application, payment of a new customer deposit, payment of any previous delinquent charges, and either a connection fee of \$75.00 (if service is requested within 90 days of termination) or a reinstatement fee of \$450.00 (if service is requested 90 or more days after termination).

Customer Signature

Date