



City of Caney

Water Service Termination Request Form

This form must be completed and signed by the account holder to request termination of water service.

Account Holder Information

- Full Name: _____
- Service Address: _____
City, State, ZIP: _____
- Mailing Address (if different): _____

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- Phone Number: _____
 - Email Address: _____
 - Water Account Number (if known): _____

Termination Request

I, the undersigned account holder, hereby request the termination of water service provided by the **City of Caney** at the service address listed above.

- **Requested Termination Date:** _____

I understand that:

- I am responsible for all charges incurred up to the termination date.
 - A final bill will be issued after the service is disconnected.
 - Failure to provide proper notice may result in additional charges.
 - Water service will not be restored without proper application and payment of applicable fees.
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Forwarding Address for Final Bill (if applicable)

Authorization & Acknowledgment

By signing below, I certify that I am the authorized account holder or have legal authority to request termination of service for this account. I acknowledge and agree to the terms stated above.

- Signature of Account Holder: _____
- Printed Name: _____
- Date: _____