

**REID ROAD #2  
TERMINATION OF WATER SERVICE**

**ACCOUNT #** \_\_\_\_\_

**SERVICE ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_

**TERMINATION DATE** \_\_\_\_\_

**FORWARDING ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_

**NEW PHONE OR CELL** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**TODAYS DATE** \_\_\_\_\_

**FAX: 281-367-5517  
EMAIL: SERVICE@MUNICIPALOPS.COM**