#_____

City of Centerville
P.O. 279
Centerville, TX 75833
903-536-2515

APPLICATION FOR TERMINATION OF WATER SERVICE

Name: _____
Address for the termination: _____
Mailing Address: _____
City: _____State: _____Zip: _____
Water Meter Number: _____
Date Service to be terminated: _____

_____
Signature of Applicant for this water meter

THIS PORTION FOR CITY OFFICE RECORDS

Date meter read: _____
Water meter reading: _____
Meter read by: _____

Send Refund Checks To

Name: _____
Address: _____
City: _____

FOR CITY USE ONLY:

Work Order:
Fax:
911:
Meter Book:
Computer