



MSO TERMINATION OF SERVICES

TODAY'S DATE: _____

CUSTOMER NAME: _____

SUBDIVISION: _____

DATE TO TERMINATE SERVICES: _____

SERVICE ADDRESS: _____

FORWARDING ADDRESS: (To mail deposit refund)

LOT # IF APPLICABLE: _____

DL#: _____

STATE: _____

HOME PHONE: () _____ - _____

CELL: () _____ - _____

WORK: () _____ - _____

To whom do you pay your rent (owner/landlord's name)? _____

DEPOSIT REFUND:

If you wish to leave Deposit for roommate, please list the name you wish to transfer to: _____

CUSTOMER SIGNATURE: _____

DATE: _____

NOTE: By signing this agreement, the above understands that a "Termination of Services" must be filled out in order to CANCEL SERVICES and the above tenant is to pay all court costs, attorney fees, and collection costs of 40% of total balance owed if sent to collections.

OFFICE USE ONLY

ACCOUNT #: _____

PREVIOUS METER READING: _____ FINAL METER READING: _____

DEPOSIT AMOUNT: \$ _____

REFUND AMT: \$ _____

BALANCE DUE: \$ _____

DATE OF DEPOSIT ____/____/____

DATE OF REFUND ____/____/____

*****PUT BACK IN OWNERS NAME IF THEY HAVE CONVENANTS*****

CIRCLE OWNER CHARGES – WATER / SEWAGE / LIGHTS / HOA / GARBAGE

NOTES: _____
