

# \_\_\_\_\_

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: \_\_\_\_\_

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**FOR CITY USE ONLY:**

Work Order:  
Fax:  
911:  
Meter Book:  
Computer