EAST CEDAR CREEK FRESH WATER SUPPLY DISTRICT P.O. Box 309 Mabank, TX 75147 903.887.7103 FAX.887.4299

FINAL BILL REQUEST FORM

After we take a final reading, your deposit will be applied to your final account balance. We will mail you a final bill and/or a refund check (if applicable) to the customer listed on the account in approximately fifteen (15) days.

Customer Name:	Phone:
Account#:	
Service Address:	
I request that my water servi	ce be turned off for final billing on
Requests received after 2p	om cannot be processed on the same day & will have to be
turned off on the next busi	iness day.
Send final bill to address: _	
_	
Customer Signature (Must match signature on	Date Service Agreement)