Lone Pine WSC P. O. Box 1616 Palestine, TX 75802 903-726-9660

lonepinewsc@gmail.com

## LONE PINE WATER SUPPLY CORPORATION REQUEST FOR SERVICE DISCONTINUANCE

I	, hereby request that n	ny water meter (SSN#	) or
account number	located on	, be disconnected from Lone	
Pine Water Supply Corpo	oration service and that my member	rship fee is be refunded to me. I understa	nd
that if I should ever want	my service reinstated I may have t	o reapply for service as a new member a	nd I
may have to pay all costs	as indicated in a then current copy	of the Lone Pine Water Supply Corpora	tion
Tariff. Future ability to p	provide service will be dependent u	pon system capacity, which I understand	l
may be limited and may	require capital improvements to del	iver adequate service. I also understand	that
these improvements will	be at my cost. I further represent to	o the Corporation that my spouse joins m	ie in
this request and I am autl	norized to execute this Request for	Service Discontinuance on behalf of my	
spouse.			
		Signature	
		Date of Signature	

**NOTE:** Charges for service will terminate when this signed statement is received by the Lone Pine WSC office.