

Milano Water Supply Corporation  
P.O. Box 181            212 FM 3242  
Milano, TX 76556  
Phone: 512-455-2692   Fax: 512-455-3068  
Email: office @milanowsc.com

## REQUEST FOR SERVICE DISCONTINUANCE

I, \_\_\_\_\_, hereby request that the water meter  
Serial # \_\_\_\_\_ for account number \_\_\_\_\_  
at Service Address \_\_\_\_\_ be disconnected from MILANO  
Water Supply Corporation service. I understand that if I should ever want my service reinstated,  
I will have to reapply for service as a new member and I will have to pay all costs as indicated in  
a then current copy of the Water Supply Corporation Tariff. Future ability to provide service  
will be dependent upon system capacity, which I understand may be limited and may require  
capital improvements to deliver adequate service. I also understand that these improvements will  
be at my cost. I further represent to the Corporation that my spouse joins me in this request and I  
am authorized 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 Milano  
WSC office.