TERMINATION OF SERVICE REQUESTED

	itual Domostic Mator Corre			
Property Sold	No Longer Renting	Removal of Service		
ccount Information			Date:	
CCOUNT NUMBER:		LAST DATE O	F SERVICE:	
ERVICE ADDRESS:				
		,		
TO BE TERMINATE	D. ONLY A WRITTEN NOTICE WILL L STAND THAT ANY MONIES OWED WI S.	ST OF WATER/WASTEWATER SERVICE BE CONSIDERED PROOF OF NOTIFICAT ILL BE COLLECTED IN ACCORDANCE W	TION. IF I DO NOT PAY MY ACCOUNT ITH THE ASSOCIATION'S POLICIES	
inancial Institution In	formation			
ANK NAME:				
CHECKING ACCOUNT		Savings A		
PROVIDED, AND TI	HAT I AM AUTHORIZED TO PROVIDE R CONSUMERS ASSOCIATION TO M	T, THAT I AM AN AUTHORIZED SIGNE THIS INFORMATION. I FURTHERMO AKE A DEPOSIT TO MY BANK ACCOUN	re authorize Dona Ana Mutual	
AUTHORIZED SIGNATURE	DATE			
ONA ANA MDWCA Representa	ATIVE SIGNATURE DATE	Margo Lopez, Office Manager Signature Date		
For Internal Use				
Work Ord	Work Order #:		DATE WORK ORDER ISSUED:	
DATE WORK	DATE WORK ORDER COMPLETE:			