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**WHITE OAK TARIFF  
TERMINATION OF WATER SERVICE**

**Account #** \_\_\_\_\_

**Service Address** \_\_\_\_\_  
\_\_\_\_\_

**Termination Date** \_\_\_\_\_

**Forwarding Address** \_\_\_\_\_  
(FOR FINAL BILL/DEPOSIT REFUND)

**New phone or cell #** \_\_\_\_\_

**Print Name** \_\_\_\_\_  
(ONLY PRIMARY ACCOUNT HOLDER CAN TERMINATE SERVICE)

**Signature** \_\_\_\_\_  
(NO ELECTRONIC SIGNATURES ACCEPTED)

**Today's Date** \_\_\_\_\_

**Fax: 281-367-5517**

**Email: [SERVICE@MUNICIPALOPS.COM](mailto:SERVICE@MUNICIPALOPS.COM)**

**or Mail to:**

**PO BOX 1689**

**SPRING TX 77383-1689**

**\*\*\*Please allow up to 3 business days for processing\*\*\***