

Coryell City Water Supply District

9440 FM 929

Gatesville, Texas 76528

(254) 865-6089

Fax (254) 865-0148

e-mail: info@coryellcitywater.com

PULL METER REQUEST

NAME: _____

ACCOUNT NUMBER: _____

REASON FOR PULLING: _____

I understand once the meter for the account listed above is pulled, I will no longer receive a monthly bill. I also understand that should this meter ever need to be reinstalled; I will be charged a fee of \$350.

Customer Signature

Date

For office use only

METER NUMBER: _____

READING: _____

LOCATION: _____

ROUTE NUMBER: _____

DATE OF INSTALL: _____

DATE REMOVED: _____ REMOVED BY: _____

OTHER INFO: _____