



DISCONTINUANCE OF SERVICE

Today's Date _____

I _____ authorize Pace Water System, Inc. to terminate my service on this
day _____, 20__ at the following address:

Street _____
City _____

Customers Signature

My forwarding address is as follows:

Account # _____

Work Order # _____

4401 WOODBINE ROAD
PACE, FLORIDA 32571
OFFICE: (850) 994-5129 FAX: (850) 994-6920