

**MACBEE SPECIAL UTILITY DISTRICT  
402 E SOUTH COMMERCE STREET  
PO BOX 780  
WILLS POINT TX 75169-0780  
903-873-2109      FAX 903-873-2748**

**CUSTOMER/APPLICANT Emergency Request Agreement**

**Customer/Applicant** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Account Number** \_\_\_\_\_ **Fax** \_\_\_\_\_  
**E Mail** \_\_\_\_\_

I, the customer/applicant, requests that the District notify the person(s) listed below, **OR** turn off meter service **IF I AM NOT AVAILABLE**.

**In case of emergency contact:**

- A. Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**FAX #** \_\_\_\_\_ **E MAIL** \_\_\_\_\_
- B. Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**FAX #** \_\_\_\_\_ **E MAIL** \_\_\_\_\_
- C. Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**FAX #** \_\_\_\_\_ **E MAIL** \_\_\_\_\_

I hereby **DO / DO NOT** authorize the MACBEE SUD personnel to **TURN OFF METER VALVE** in case of a leak or other type of emergency on my property.

**By signing this agreement I also agree to pay the charges assessed as the result of a leak or problem on my side of the meter.** I understand if such charges are not paid with the next monthly utility service bill or no payment arrangements have been made, service will be disconnected in accordance with Section E. 15.9) of the District's Service Policy.

**I also understand and acknowledge that the District is under no obligation or liability to look for any leaks occurring on my property and that the District may not know when or if a leak is on my property.**

**Customer/Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Customer/Applicant Designee** \_\_\_\_\_ **Date** \_\_\_\_\_

**District Witness** \_\_\_\_\_ **Date** \_\_\_\_\_