



Cancellation of Service

Cancellation of Date: _____ Account Number: _____

Name(s) on the Account: _____

Service Address: _____
Street Unit City State Zip

Final Billing Address: _____
(If different than service address) Street Unit City State Zip

Phone Number: _____

Sale of Property – Closing Date: _____

End of Rental Lease – Owner Name: _____ Ph No. _____

Please check one of the following:

(If left blank, this form is considered incomplete and will not be processed)

This is notice to cancel all utility services at the service address indicated above. I do not wish to have the water disconnected at this time.

This is a notice to cancel all utility services at the service address indicated above. I wish to have the water service turned off on the date requested. I understand that I may be subject to receive a Normal Disconnection of Service charge on my final bill in accordance to the Adopted Rate Schedule.

I understand that I will be held responsible for all utility services used on such premises until the succeeding occupant applies for utility service and pays the District a new customer deposit for its account and provides sufficient transfer documentation.

Customer(s) Signature

Date