

WATER/SEWER STOP SERVICE REQUEST

DATE TO STOP	: SERVICE ADDRESS: _			
	You are not required to be on the prope On this date, a lock will be placed on t			
Check one : □ I own this home □ I rent (complete owner info below) □ I am agent for this property*				
notification, excessive	a letter on file authorizing them to discuss matters re use notification, et cetera. CMC 13.04.160(f) Failure shall constitute a lien against the subject real property rt), 1994)	to pay charges for we	ater furnished to properties either own	ed by or rented or leased to
Person Responsib	ole for Account:			
Mailing Address	to Receive Final Bill and/or Refund of Dep	posit:		
Mailing Address	City / State / Zip:			
Home Phone:	Work Phone:	Phone : Cell Phone:		
Social Security N	umber:	California l	D#:	Exp:
	CURRENT INFORMATION REQUI	RED IF YOU A	RE A TENANT OR AGENT	
Property Owner	Name:	Phone Number:		
Property Owner	Mailing Address:			
I understand all for the account until t due on receipt. I weeks, pending th	to start new service in Cloverdale? ees are subject to change based on City Che water service is shut-off on the date reconderstand a refund check, when applice final reading of the meter. I understand days, a copy of the closing bill will be	ouncil Resolutio quested above. I able, will be ma d if the paymen	n and I am responsible for al will receive a closing bill and iled to the forwarding addre t due is not made to the City	Il charges accrued on any amount owing is ss listed above in 6-8 of Cloverdale within
conections.	G			
	Signature of Applicant/Ac	count Holder	Date Signed	
	DELIVER application to 124 N. C	Cloverdale Blv	rd or FAX to 707.894.345	51
CITY DATE STAMP	FULL PAYMENT REQU (Checks made payable to the City of		THIS BOX FOR OFFI	
	Non-refundable stop service fee	\$45.00	DATE OF METER READI	NG:
	PLUS current bill and/or \$		METER READING:	

add \$65.00

METER READ BY: _____

DATE ACCOUNT CLOSED: ____

CLOSING BILL MAILED: _____

PLUS current un-billed

Same day stop service requested

TOTAL DUE: