CLOSING #

CITY OF DELANO

REQUEST FOR DISCONTINUANCE OF UTILITY ACCOUNT

(Aplicación para descontinuar servicio de utilidad)

Customer Name: _____
(Nombre del Cliente):

Phone Number: _____ **Cell Phone No.:** _____
(Numero de Teléfono): *(No. de Celular):*

Property Address: _____
(Domicilio de la propiedad):

Forwarding Address for final bill: _____
(Dirección de correo para última tarifa)

I hereby certify, under penalty of perjury, that the following statement is true and complete, have examined this application and that the statements made and information provided are to the best of my knowledge true and complete.
Certifico bajo juramento de perjurio que he examinado esta aplicación y que las declaraciones e información dadas en ésta, son verdaderas y completas.

Applicant's Signature: _____ **Date:** _____
(Firma del Solicitante): *(Fecha):*

FOR OFFICE USE ONLY:

Closing Account No.: _____ Route #: _____ Closing Effective Date: _____

☐ Residential ☐ Commercial ☐ Fire Hydrant # _____ Final reading: _____

Type of ID: _____ ID No.: _____ Exp. Date: _____

Water Service: ☐ Leave on If leaving on, reason: _____

Water Service: ☐ Shut off If shutting off, person contacted: _____ Date: _____

Will customer be opening new account within Delano city limits? ☐ Yes ☐ No

Final meter reading requested on: _____ Results: _____

Notes: _____

_____

Intake By: _____ **Date:** _____

FOR INTERNAL USE ONLY:

Account No. Closed: _____ **Processed By:** _____ **Date:** _____

Forwarding Address Verified_____ **Deposit Information Verified** _____