

Close Date \_\_\_\_\_

# CITY OF CALIFORNIA CITY AUTHORIZATION TO CLOSE ACCOUNT

All areas in bold with \* must be filled out

<b>*SERVICE ADDRESS:</b>	<u>ACCOUNT NUMBER:</u>
<b>*ACCOUNT NAME:</b>	<b>*I.D./D.L.#</b>
<b>* PHONE NUMBER:</b>	<b>*S.S.N.#</b>
<u>METER NUMBER:</u>	<u>CLOSING METER READING:</u>
	TOTAL CONSUMPTION:
<b>* REASON FOR CLOSING:</b>	
<b>*SIGNATURE:</b>	<b>*DATE:</b>

IF ACCOUNT HOLDER IS NOT AVAILABLE FOR SIGNATURE, PERSON DIRECTING THE ACTION  
SIGNATURE: \_\_\_\_\_

**\*FORWARDING ADDRESS FOR CLOSING BILL OR REFUND:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

ACCOUNT BALANCE \$ \_\_\_\_\_ AS OF \_\_\_\_\_  
**LESS DEPOSIT:** \$ \_\_\_\_\_  
BALANCE: \$ \_\_\_\_\_

**CLOSING CHARGES:**

WATER: \$ \_\_\_\_\_  
SEWER: \$ \_\_\_\_\_  
SUBTOTAL: \$ \_\_\_\_\_  
REFUND: \$ \_\_\_\_\_  
TOTAL DUE: \$ \_\_\_\_\_

**POSTINGS:** ADDRESS CORRECTION NEEDED   
ADJUSTMENTS  EXCEPTIONS ON DEMAND   
WARRANT TO A/P  SEND BILL  METER BOOK

Staff initials \_\_\_\_\_