Temporary close _____

Permanent close_____

**Requested Close Date**

_____

# CITY OF CALIFORNIA CITY

# AUTHORIZATION TO CLOSE ACCOUNT

***All areas must be filled out***

| | |
|---|---|
| Service Address:<br>_____ | Today 's Date:<br>_____ |
| Account Name(s):<br>_____<br>_____ | Last 4 Digits of Social Security #(s):<br>_____<br>_____ |
| Phone Number:<br>_____<br>_____ | ID number or Driver License#<br>_____<br>_____ |
| Reason for Closing Account:<br>_____<br>_____ | Signature(s):<br>_____<br>_____ |
| Forwarding Address:<br>_____<br>_____ | _____<br>_____ |

**FOR OFFICE USE ONLY**

Account #_____ID/ SS# verified_____

Multiple Residents Yes _____No_____ Description_____

Meter Number: _____Closing Meter Reading: _____

Deposit $_____Staff Initials_____ Date_____