



CITY OF RIO DELL

675 Wildwood Ave.
Rio Dell, CA 95562
Phone: (707) 764-3532
Fax: (707) 764-5480

APPLICATION FOR DISCONTINUANCE OF WATER/SEWER SERVICES

Customer No. _____

Customer Name: _____

Service Address _____ Apt No. _____

Forwarding Address _____

Home Phone No. (____) _____ Cell (____) _____ Message (____) _____

Effective closing date: _____

Signature _____ Todays Date _____

Print Name _____

* If there is a DEPOSIT on the account, the deposit will be applied to the closing statement. Any remaining balance is your responsibility. If the balance is not paid in full within 90 days it will be sent to the collection agency. If there is a credit balance on the account it will be refunded within 30 days of the closing date.

Office Use Only:

Route: ____ Service: _____ Date: _____ W.O. # _____

Meter NO.: _____ Reading: Old: _____ New: _____

Closing Application Accepted by _____