



**CITY OF COVINA WATER UTILITY
FINANCE DEPARTMENT**

125 E. College Street, Covina, CA 91723

Phone: 626-384-5230 Email: water@covinaca.gov

Monday- Thursday 7:00am – 5:30pm

Application to Stop Water Service

(You must be the primary account holder to complete this form to Stop Water Service)

Please note: Requested Stop Date must be a Monday-Thursday future date only

Today's Date: _____ Requested Date to Stop Service: _____

Account # _____

Name on Account: _____

Home Owner / Tenant / Business (circle one)

Service Address: _____

City _____ State _____ Zip Code _____

Forwarding Address: _____

City _____ State _____ Zip Code _____

Phone Number: (____) _____ - _____

Email: _____

Customer or Authorized Representative:

Print Name: _____

Signature: _____ Date: _____

Office Use Only:

Processed By: _____ / _____ (Initials) (Date)	<input type="checkbox"/> Verified no past-due balance on account	<input type="checkbox"/> WO # _____ <input type="checkbox"/> Aclara
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