



CITY OF COVINA WATER UTILITY FINANCE DIVISION

125 E. College Street, Covina, CA 91723
Phone: 626-384-5230 Email: water@covinaca.gov
Monday – Thursday 7:00am – 6:00pm

Application to Stop Water Utility Service

THIS FORM WILL NOT BE ACCEPTED EARLIER THAN 2 WEEKS BEFORE REQUESTED DISCONNECT DATE

Requested Disconnect Date: Must be a future date. Monday through Thursday only.

SERVICE TYPE <input type="checkbox"/> Residential Property	<input type="checkbox"/> Commercial Property	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Protection
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Water Account #:	Service Address on Bill:
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Forwarding Address:	City, State, Zip Code
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Customer Last Name / Business Name	Customer First Name
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Driver's License #	SSN/TIN/EIN
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Email Address:	Cell Phone:	Home Phone:
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By signing my name below, I acknowledge that it is my responsibility to confirm that water has been disconnected as requested. I also acknowledge that a final bill for service through the disconnect date will be sent on the next scheduled billing date(s). If the final bill becomes delinquent, I will be sent to collections and will be responsible for paying all costs and expenses incurred by the City to collect the amount due. Any account balance for this service address or any other closed accounts in my name will be deducted from my existing deposit. I am responsible for any charges remaining on my account after the deposit has been applied. If a deposit refund is due, it will be sent to the forwarding address provided above within 4-6 weeks after the final bill is mailed.

Customer or Authorized Representative Signature: <i>(Disconnect can only be requested by person(s) listed on the account)</i>	Date:
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Print Name:

Office Use Only

Processed by:	Balance Amount of Account: \$ _____	Date processed:
	Is account past due? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Work Order #	Meter Read:	Request made: <input type="checkbox"/> EMAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/> BY MAIL