---- FOR OFFICE USE ONLY ----

TOWN OF DISCOVERY BAY

A COMMUNITY SERVICES DISTRICT

REQUEST TO STOP WATER SERVICE

ACCOUNT NUMBER #:
SHOULD BE LISTED AS 00-0000000-00/11 DIGITS

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WATER SERVICE ADDRESS _____

REQUESTER'S FULL NAME _____

FULL NAME OF PROPERTY MANAGEMENT COMPANY (IF APPLICABLE) _____

REQUESTER'S PRIMARY PHONE NUMBER _____ **REQUESTER'S eMAIL ADDRESS** _____

REASON FOR TERMINATION OF SERVICE ☐ PROPERTY SOLD ☐ TENANT MOVE(D) OUT **EFFECTIVE DATE TO STOP SERVICE** _____

PROPERTY OWNER'S FULL NAME _____ **PROPERTY OWNER'S PHONE NUMBER** _____

FINAL BILLING MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

In accordance with the Town's Ordinances, I understand, acknowledge and agree that:

- By typing or signing my name below, I verify that I am authorized to make updates to this Town of Discovery Bay Water Services Account.
- The Final Bill will be mailed to the forwarding address provided above.

Requester Signature _____ **Date** _____

Sign and send completed form to: waterapp@todb.ca.gov