



email: customerservice@ci.cloverdale.ca.us

FAX: 707-894-3451

WATER/SEWER STOP SERVICE REQUEST

DATE TO STOP: _____

You are not required to be on the property at the time water is shut-off at this location.
On this date, a lock will be placed on the meter. Tampering with the lock is a crime.

SERVICE ADDRESS: _____

☐ I owned this home and sold it ☐ I own this home and it is a rental ☐ I was a renter/tenant ☐ I am agent for this property*

NAME OF PERSON(S) ON ACCOUNT: _____

Forwarding Address to Receive Final Bill and/or Refund of Deposit: _____

Forwarding Address City / State / Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Last (4) Digits Social Security number: _____ Drivers Lic ID# _____ Exp: _____

IF YOU ARE NOT THE PROPERTY OWNER, THE FOLLOWING INFORMATION MUST BE COMPLETED

Property Owner Name: _____ Property Owner Phone Number: _____

Property Owner Mailing Address: _____

*Agents must have a letter on file authorizing them to discuss matters related to managing this property, including shut-offs for non-payment by tenants, leak notification, excessive use notification, et cetera. CMC 13.04.160(f) Failure to pay charges for water furnished to properties either owned by or rented or leased to the customer of record shall constitute a lien against the subject real property after due notice has been given to the owner of the real property. (Ord. 638-2006 (part), 2006; Ord. 477-93 (part), 1994)

I understand all fees are subject to change based on City Council Resolution and I am responsible for all charges accrued on the account until the water service is shut-off on the date requested above. I will receive a closing bill and any amount owing is due on receipt. I understand a refund check, when applicable, will be mailed to the forwarding address listed above in 6-8 weeks, pending the final reading of the meter. I understand if the payment due is not made to the City of Cloverdale within ten (10) calendar days, a copy of the closing bill will be forwarded to the home owner on record and/or will be sent to collections.

X _____
Signature of Applicant/Account Holder

Date Signed

CITY DATE
STAMP

FULL PAYMENT REQUIRED
(Checks made payable to the City of Cloverdale)

Current unpaid bill \$ _____

usage thru _____

PLUS current unbilled \$ _____

usage thru _____

Same day stop service requested add \$135.00

TOTAL DUE: _____

THIS BOX FOR OFFICE USE ONLY

ACCOUNT NUMBER: _____

DATE OF METER READING: _____

METER READING: _____

METER NUMBER: _____

☐ RADIO ☐ MANUAL

METER READ BY: _____

DATE ACCOUNT CLOSED: _____