

# CITY OF CORDOVA



## REQUEST TO SUSPEND OR CLOSE UTILITY SERVICE

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### ACCOUNT INFORMATION

NAME \_\_\_\_\_ I would like to:  Suspend Services

UTILITY ACCOUNT NUMBER \_\_\_\_\_  Close Services

SERVICE ADDRESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

This dwelling is:  Single Family  
 Apartment Building

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Complete the appropriate section below.

### SUSPEND UTILITY SERVICE DATE

DISCONNECTION DATE \_\_\_\_\_

### RESUME UTILITY SERVICE DATE

RECONNECTION DATE \_\_\_\_\_

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### CLOSE AND FINAL BILL INFORMATION

DISCONNECTION DATE \_\_\_\_\_ DEPOSIT TO BE APPLIED:  Yes  
 No

FINAL BILL ADDRESS \_\_\_\_\_  
Street Address City ST ZIP

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I attest the information above is truthful and accurate.

PHONE # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_