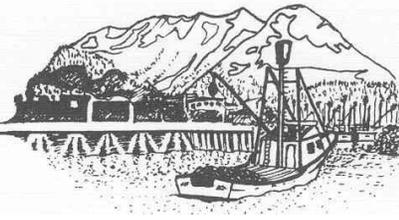


CITY OF CORDOVA



rev 9/13/2019

REQUEST TO SUSPEND/CLOSE UTILITY SERVICE

ACCOUNT INFORMATION

NAME _____

UTILITY ACCOUNT NUMBER _____

SERVICE ADDRESS _____

This dwelling is: Single Family

BILLING ADDRESS _____

Multiplex

I WOULD LIKE TO:

SUSPEND UTILITY SERVICE You **MUST** fill out a reconnection date to suspend services

DISCONNECTION DATE _____

RECONNECTION DATE _____

CLOSE AND FINAL BILL

DISCONNECTION DATE _____

DEPOSIT TO BE APPLIED: Yes
No
N/A

For Administrative Use Only	
Water	\$ _____
Sewer	\$ _____
Refuse	\$ _____
Tax	\$ _____
Total Due	\$ _____
Deposit	\$ _____
Total Due from above	-\$ _____
Previous Balance	-\$ _____
Due/Refund	\$ _____
Reconnect Landlord?	

FINAL BILL/REFUND ADDRESS

Street Address

City

State

ZIP

I attest the information above is truthful and accurate.

PHONE _____

SIGNATURE _____

Date