

## CHECKLIST FOR UTILITY TERMINATION:

- 1) Complete Utility Termination
- 2) Copy of a photo ID

## **PLEASE NOTE:**

Please be sure to include your forwarding address to receive your final bill or refund check (if applicable)

These documents can be turned in at City Hall, left in an envelope in the drop box located outside of City Hall, or emailed to jlopez@cityofkerman.org

If you have any questions, please contact Jackie Lopez at (559) 846-6656.



## **CITY OF KERMAN**

ENTERED BY:	

## Termination for Utility Services

Today's Date:		Last Service	Date:	
Name:		Account Nui	mber:	
Address:				
Social Security Number:				
Phone No.(s):		Phone N	o.(s):	
Forwarding Address:				
City:		State:	Zip:	
I am enrolled in automatic payments	YES	NO		
I understand that my current balance will be debited any) the following month, with the difference of my		onth, and I will receive a re	efund check (if	Initials
Reason for Termination:				Initials
I understand that any unpaid balances/credits left o	n this terminated accoun	t, will be transferred to my	new account.	
Signature				
	City of Kerman C	Office Use Only:		
Service Request Created & Emailed to Water Dept.:	Date		Initial	
Meter Reading:				
Close Service Request in Sprbrk:	de	Initial		
Account Deleted in Sprbrk:	de	Initial		
Deposit Amount:				
Deposit Transferred to:  Account Number				
Email sent to Mid Valley Disposal:				
Dat	re	Initial		

USAGE #1	USAGE #2	PAYMENTS	ADJ.	PAST DUE	FINAL BILL	APPLY UB DEPOSIT TO FINAL BILL	REFUND AMOUNT