



**CITY OF FILLMORE**  
CENTRAL PARK PLAZA

250 Central Avenue

Fillmore, California 93015-1907

(805) 524-1500 • FAX (805) 524-6714 • Email: rfelix@fillmoreca.gov

**CLOSE ACCOUNT FOR UTILITY SERVICES**

1. Select which utility you want to stop:

Water & Sewer     Water Only     Other \_\_\_\_\_

2. Select the type of service use:

Residential     Commercial     Industrial     Multi-Unit Residential

3. Please provide the following about your new contact information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

4. If known, please provide the following information about the new resident:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner     Buyer     Tenant     Unknown

Upon discontinuance of all services, the current amount due on account plus an estimated amount for consumption not yet billed is payable to the City. The City will apply any deposit available towards outstanding amounts owed and the estimated amount for current consumption by the customer.

Current Account Balance: \_\_\_\_\_

Current Consumption Estimate: \_\_\_\_\_ (Prior Month Bill \* Days of service since last bill/30 Days)

Less Deposit: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

Any balance in excess of one dollar will be returned via check to the customer in whose name the original deposit was made. Deposit balance amounts less than one dollar will only be returned to the customer upon written request. If balance remains on account after final billing, bill will be mailed to forwarding address provided to City.

Customers who move from the area and leave no forwarding address with the City and having a deposit in excess of the amount due the City will forfeit their deposit balance if it remains unclaimed after a period of six (6) months from the date the account was closed.

I request the discontinuance of my utility service(s) at the service address listed below. I certify that I have notified all parties who share or use those utility service(s) of my intent to have the service(s) discontinued. I agree to pay the current amount due on account plus an additional estimate for consumption not yet billed.

Applicant: \_\_\_\_\_ Date Signed: \_\_\_/\_\_\_/\_\_\_

Service Address: \_\_\_\_\_ Turn Off Date: \_\_\_/\_\_\_/\_\_\_

**Thank you – It's been a pleasure serving you!**

=== SPACE BELOW FOR OFFICE USE ONLY ===

Account No:		Turn Off Date:	Prior Read:	Current Read:	
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