TRACY	CITY OF TRACY	CA • 95376 <u>y.org</u> • Phone: 209-83 ⁻ 2/	
Requested Stop Date:			
Home/Cell Number:			
Service Address:			
Forwarding Address, for Fi	nal Billing/Refund:		
City:	State:	Zip Code:	
Person Requesting Termination			
Fir	st Name		Last Name
Owner – Property S (escrow Landlord/Property Ma (Property Owners at basic monthly servi home is vacant. An property will not be Renter/Lessee	r documents required /final settle mager/Real Estate Agent re responsible for ce fees even if the account for vacant closed) End Date o Lai	Tenant Name of Rental Agreement f Rental Agreement Landlord Name ndlord Phone Number	
is unable to backdate se date, however some order Final bills will be generated	rvices. Every effort will be made to s may be held until the following bu d and mailed approximately two-thr paid after 30 days will be transfe	e terminate services on siness day. Deposits v ee weeks after the final	vill be applied during final billing. reading of the customer's meter.
Signature		D	ate
Office Use Only Date Received	Date on Daily	Route Number	
Meter ID		Meter Read	

Account#

Service Address

Request Made: In Person_____ By Mail_____ Fax_____ eMail_____ Other_____

Revised 04/09/20