

CITY OF CORDOVA



REQUEST TO SUSPEND/CLOSE UTILITY SERVICE

ACCOUNT INFORMATION

NAME _____

UTILITY ACCOUNT NUMBER _____

SERVICE ADDRESS _____

BILLING ADDRESS _____

This dwelling is: Single Family
 Multiplex
 Business

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