

## City of Escalon Cancel Utility Services

<b>Stop Property Addr</b>	ess:	Customer Account #:		
CUSTOMER INFORMATION				
Name:	DOB	DL#	SSN	
NEW Mailing Address:				
Cell Phone #	Home Phone #		Other #	
Employer Name & Address:				
Spouse/Partner:	DOB	DL#	SSN	
Cell Phone #	Home Phone #		Other #	
Employer Name & Address:				
Email Address:				
To terminate service, you must provide current contact information so that we can contact you in the event we cannot terminate service based on the information provided or to return a deposit.				
If you are a renter:	Move out date: (D	ate keys are r	returned to Landlord)	
	Landlord's Name:			
	Landlord's Phone #:			
If you are an owner:	: Close of Escrow Date:	or Short	Sale/Foreclosure Date:	
DEPOSIT INFORMATION				
If you have a deposit on your account, it will be applied to the final bill and any remainder over \$5.00 will be refunded to the account holder. Deposit refunds are processed two to four weeks after the termination of service and are mailed to the account holder. If you are simultaneously starting service elsewhere in Escalon, your deposit will be transferred to your new account.				
Date:	Signature of Account Holde	er:		

Return to: 2060 McHenry Ave. Escalon CA 95320

Fax: (209) 691-7409 Email: utilities@cityofescalon.org