



Request to Disconnect

Customer Information

Full Name: _____ Date: _____
Last First M.I.

Service Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mailing address: _____

Title Company (if applicable): _____ Title Company Phone Number: _____

Shut off Date: _____ Reason for Termination: _____ Owner or Renting? _____

Owner Information (Section must be completed if customer is not the owner)

Full Name: _____ Date: _____
Last First M.I.

Home Phone: _____ Cell Phone: _____ Email: _____

Mailing Address: _____

District Use Only

Account Number / Service ID: _____ Closed Date: _____ Work Order Number _____

Received By: _____ Date: _____ Closing Session Number: _____

Signature

Signature: _____ Date: _____



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