



City of Lakeport
Water Service Disconnect
 225 Park Street, Lakeport, CA 95453
 (707) 263-5615, Ext. 10 or 18
 (707) 263-8584 fax

Disconnect Date:	
Name:	
Service Address:	
Forwarding Address for Final Bill:	
Home Phone:	Cell Phone:
Employer Name, Address & Phone:	
Name & Address of Home Owner (Service Address):	

Initial Boxes

- I, the undersigned, guarantee to pay the **FINAL BILL** for the above-named property for service through the disconnect date specified.
- I understand if the Final bill is not paid within 30 days, the account will be referred to collections.
- I understand that if I am enrolled in Easy Pay my final bill will be automatically debited unless written notice to stop Easy Pay is attached to this request.

Signature: _____ Date: _____

- Owner Tenant Property Manager Listing Agent



OFFICE USE ONLY

Book #	Seq #	Meter #
Account #		Water Off <input type="checkbox"/> Read Only <input type="checkbox"/>
Deposit Refund	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meter Locked <input type="checkbox"/> Yes <input type="checkbox"/> No
Deposit Receipt #		Comments:
Refund Amount \$		Reading:
System <input type="checkbox"/>	Reading <input type="checkbox"/>	