(559) 661-5454 (559) 675-7067 Fax

City of Madera – Municipal Services 205 West 4th Street Madera, CA 93637

_	
Date:	
Date.	

I AGREE TO PAY ALL FEES AND CHARGES FOR SAID MONTHLY SERVICES AND TO COMPLY WITH ALL RULES AND REGULATIONS OF THE CITY OF MADERA PERTAINING TO SUCH SERVICES.

I UNDERSTAND AND AGREE THAT I SHALL CONTINUE TO BE LIABLE FOR ALL MONTHLY CHARGES UNTIL AFTER THE MADERA CITY FINANCE DEPARTMENT HAS RECEIVED FROM ME A WRITTEN NOTICE TO DISCONTINUE SUCH SERVICES AND ALL SAID SERVICES HAVE BEEN PAID IN FULL. I ALSO UNDERSTAND THAT ONLY THOSE INDIVIDUALS WHO HAVE SIGNED ON AS ACCOUNT HOLDERS AND COGUARNTORS CAN INQUIRE AS TO THE STATUS OF THIS ACCOUNT.

ACCOUNT TERMINATION FORM

TO BE FILLED IN BY CUSTOMER			Finance Dept Use:		
CUSTOMER NAME (1)			ACCT. N	ACCT. NO	
CUSTOMER NAME (2)					
SERVICE ADDRESS_					
MAILING ADDRESS		CITY/STAT	E/ZIP		
PHONE	_DRIVERS LIC. NO (1)		DRIVERS LIC NO (2)		
FOR TERMINATION-FORWARDING	ADDRESS				
APPLICANT'S SIGNATURE (1)		APPLICAN	Γ'S SIGNATURE (2)		
FOR FINANCE USE ONLY:					
EMPLOYEE NAME:		_			
INFORMATION: EFFECTIVE DATE B		BIN CANCELLATION	WATER OFF DAT	WATER OFF DATE	
MONTHLY CHARGES	BILLING ADJ	PENALTY ADJ	TOTAL ADJ	ZERO OUT TO REFUND	
METER \$	\$	\$	\$	\$	
WATER \$	\$	\$	\$	\$	
SEWER \$	\$	\$	\$	\$	
DISPL \$	\$	\$	\$	\$	
DRAIN \$	\$	\$	\$	\$	
ST. CLN \$	\$	\$	\$	\$	
PRE-PAY \$	\$	\$	\$	\$	
WTR FINE \$	\$	\$	\$	\$	
TOTAL \$	\$	\$	\$	\$	
BALANCE ON ACCOUNT	\$	_			
TOTAL ADJ	\$	REMARKS:			
TOTAL REMAINING ON ACCOUNT	\$				
DEPOSIT FROM ACCOUNT	\$				
AMT DUE BY CUSTOMER	\$				
REFUND TO CUSTOMER	\$				
TRANSFER REMAINING DEPOSIT	\$	AS DEPOSIT TO ACCT	PAYMENT ON I	NEW ACCT #	