CITY OF SANTA ROSA UTILITIES DEPARTMENT REQUEST FOR DISCONNECTION OF UTILITY SERVICE

I AM REQUESTING TO DISCONNECT MY UTILITY SERVICE

| Date: | |
|----------------------------|------------|
| Name (Print) | |
| Address of Service: | |
| Forward Mailing Address: | |
| Contact Phone #: | Signature: |
| Utility Clerk: | Account #: |
| □ Residential □ Commercial | |