



The City of Santa Clara



Municipal Service
1500 Warburton Avenue
Santa Clara, CA 95050-3713

UTILITY SERVICE CANCELLATION REQUEST FORM

The undersigned requests that service be disconnected at:

(1) _____
Address Street Apt. #

(2) Effective Account Closure Date: _____

(3) Your name: (please print) _____
First M.I. Last

(4) Driver's License: _____ State, if other than CA: _____

(5) Social Security #: _____ - _____ - _____

(6) If not a U.S. citizen: Passport #: _____ Nation of Origin: _____

(7) Forwarding Address

_____ Apt. #
Street Address

_____ Zip
City State

(8) New Telephone Number: _____

Agent or Manager's Name _____ Phone #: _____

***** Please complete items 1-8 to ensure implementation of request.
Incomplete or illegible requests cannot be processed. *****

Should this request form not reach the City prior to the effective date, orders will be processed at the next service date possible. All orders are processed at the earliest possible opportunity. If you have any questions, please call (408) 615-2300.

**** Completed requests can be faxed to (408) 260-3873 or (408) 260-3874. ****