



# CITY OF HUNTINGTON BEACH

## DISCONTINUANCE OF WATER SERVICE

\_\_\_\_\_  
Date of Document

Acct #	Meter #	ID #	Size
Customer #	Date Turned Off	Final Reading	
<i>FOR OFFICE USE ONLY</i>			

11

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Apt.#

MAIL CLOSING BILL TO:

\_\_\_\_\_  
Date Service To Be Turned Off

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt.#

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Phone #

X \_\_\_\_\_

I request this service to be discontinued