



CITY OF KERMAN
Utility Service Termination

ENTERED

Today's Date: _____ Last Service Date: _____

Name: _____ Account Number: _____

Address: _____

Social Security Number: _____

Phone No.(s): _____

Forwarding Address: _____

City: _____ State: _____ Zip: _____

Reason for Termination: _____

Signature _____

City of Kerman Office Use Only:

Service Request Created & Emailed to Water Dept.: _____
Date Initial

Meter Reading: _____

Close Service Request in Sprbrk: _____
Date Initial

Account Deleted in Sprbrk: _____
Date Initial

Deposit Amount: _____ Refund Amount: _____
Amount Amount

Email sent to Mid Valley Disposal: _____
Date Initial

USAGE #1	USAGE #2	PAYMENTS	ADJUSTMENT	PAST DUE	FINAL BILL