



CITY OF KERMAN
Utility Service Termination

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:

Account Closed: _____ By: _____

Deposit Refund Amount: _____

Copy to Water Dept.: _____ Bin Notice _____