



CITY OF BENICIA

Finance Department

250 East L Street • Benicia • CA • 94510

email: utilitybilling@ci.benicia.ca.us • Phone: (707)746-4225 • Fax: (707)747-8115

Website: <http://www.ci.benicia.ca.us>

APPLICATION TO STOP WATER/WASTEWATER SERVICES

Requested Stop Date: _____

Home/Cell Number: _____

Service Address: _____

Forwarding Address, for Final Billing/Refund: _____

City: _____ State: _____ Zip Code: _____

Person Requesting Termination of Services

First Name	Last Name

Please check one and complete requested information:

Owner – Property Sold/Transferred (escrow documents required /final settlement or grant deed)	Escrow Close Date	
Landlord/Property Manager/Real Estate Agent (Property Owners are responsible for basic monthly service fees even if the home is vacant. An account for vacant property will not be closed)	Tenant Name	
	Start Date of Rental Agreement	
Renter/Lessee	End Date of Rental Agreement	
	Landlord Name	
	Landlord Phone Number	

Customer is requesting that the City of Benicia terminate utility services at the above service address. **The City of Benicia is unable to backdate services.** Every effort will be made to terminate services on the customer's requested stop date, however some orders may be held until the following business day. Deposits will be applied during final billing. Final bills will be generated and mailed approximately two to three weeks after the final reading of the customer's meter. **Final bills that remain unpaid after 30 days will be transferred to any other open accounts existing under the customer's name or sent to a collection agency.**

Signature _____ Date _____

Office Use Only			
Date Received _____	Date on Daily _____	Route Number _____	
Meter ID _____	Meter Read _____		

Request Made: In Person _____ By Mail _____ Fax _____ eMail _____ Other _____

Account#

OFFICE USE ONLY

Service Address

OFFICE USE ONLY