

City of Hanford – Stop Utility Services

Applicant Information			
Customer Name:		Today's Date:	
Telephone:	DOB:	California ID or Military ID:	
Cell Phone:		Social Security # or Tax ID:	
Information to Stop Service			
Service Address:		Stop Date:	(Mon-Fri only)
Please check one of the following reasons:			
<input type="checkbox"/>	RENTED TO TENANT		
<input type="checkbox"/>	SOLD		
<input type="checkbox"/>	FORECLOSURE		
<input type="checkbox"/>	MOVED OUT AS A TENANT		
<input type="checkbox"/>	WILL BE VACANT-SHUT WATER OFF		
Forwarding Address for final bill or refund:			
City, State, Zip:			
Signature: X		Print Name:	

I declare that the information on this document is true and correct. The City of Hanford is not responsible for incorrect or false information provided by the applicant.

Form is not valid and will not be processed unless all fields are completed.

You may mail/deliver the completed form to:

**CITY OF HANFORD
UTILITY BILLING
315 N DOUTY ST, HANFORD CA 93230**

-Or-

Fax the completed form to:
FAX: 559-582-1152

-Or-

Email the completed form to:
utilitybilling@cityofhanfordca.com

FOR OFFICE USE ONLY			
ACCOUNT NO:			
RECEIVED		COMPLETED	
Date:		Date:	
Time:		Time:	
Employee:		Employee:	