



Please return to Esparto Community Services District

26490 Woodland Ave or PO Box 349, Esparto, CA 95627

Phone: (530) 787-4502 Email: info@ecsd-ca.org

CUSTOMER INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Service Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mailing address: _____

Title Company (if applicable): _____ Title Company Phone Number: _____

Shut off Date: _____ Reason for Termination: _____ Owner or Renting? _____

**OWNER INFORMATION
(Section must be completed if customer is not the owner)**

Full Name: _____ Date: _____
Last First M.I.

Home Phone: _____ Cell Phone: _____ Email: _____

Mailing Address: _____

NEW OWNER/TENANT INFORMATION (if known)

Full Name: _____ Circle One: Owner Tenant
Last First M.I.

Home Phone: _____ Cell Phone: _____ Email: _____

Mailing Address: _____

SIGNATURE

I understand that I am responsible for all charges through the later of the effective date above or the date this form is received by the ECSD office.

Signature: _____ Date: _____

DISTRICT USE ONLY

Account Number / Service ID: _____ Closed Date: _____ Work Order Number _____

Read Date	Final Read	Prior Read Date	Prior Reading	Total Usage	Usage Charges

Adjustment Session #: _____ Closing Session #: _____ Entered By: _____ Date: _____