



# Request to Disconnect

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: \_\_\_\_\_