

UTILITY STOP SERVICE REQUEST

Please print in ink or type

CustomerService@victorvilleca.gov

Fax #: 760-269-0023

Date:	_____	Account:	_____
Customer Name:	_____	CID:	_____
Service Address:	_____		
	Street	Apt. or No. City	State ZIP Code

Stop water service effective date:

Monday through Thursday only. Minimum one business day notice. No Same day stops. Monthly service charges will continue and remain the responsibility of the property owner, even where services are not active.

Stop solid waste (trash) service effective date:

Stop date for trash must be same as service date. Minimum one business day notice. No same day stops. Garbage and recycling cans must be left at the curb on the last day of service by 6:00 am to be picked up.

Date:

Move Out

Close of Escrow (property owner only)

Forwarding Information:

Name: _____

Mailing Address: _____

Street

Apt. or No. City

State ZIP Code

Telephone: _____

Home

Work

Cell/Other

Identification: _____

State Driver License/ID Number

Date of Birth

Property Owner Name: _____

In order to re-establish service, additional forms and fees will be required. I have read, fully understand, and accept the terms and conditions of this request. As evidence thereof, I have affixed my signature.

Applicant: _____
(Printed Name)

(Owner, President, Officer, Tenant, or Agent)

(Signature)

Date: _____

For Office Use Only

Account Number: _____

CID Number: _____