



## Cabazon Water District

14-618 Broadway Street • P.O. Box 297  
Cabazon, California 92230  
Phone: (951) 849-4442 Fax: (951) 849-2519

### LOCATION TO END SERVICE

SERVICE ADDRESS: \_\_\_\_\_

SERVICE END DATE: \_\_\_\_\_

REQUESTED:

FINAL READ     LOCK OFF     REMOVE METER **\$65.00 RE-INSTALLATION FEE**

### CUSTOMER INFORMATION

Did you:    Own \_\_\_\_\_    Rent \_\_\_\_\_    Listing Agent \_\_\_\_\_

Account Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

**As owner of the real property listed above, I understand that I am responsible for any unpaid debts that may accrue through the use of District water consumed on the property, including, but not limited to renter or lessee. As property owner I acknowledge and agree that water service is provided in conformance with the Rules & Regulations Governing Water Service as amended from time to time by the Board of Directors.**

Owner Signature: \_\_\_\_\_    Date: \_\_\_\_\_

Authorized Agent (please print name): \_\_\_\_\_

Authorized Agent Signature: \_\_\_\_\_

**\*Rental properties – unless otherwise specified, rental properties will automatically revert to current owner information for billing purposes.**

### FOR STAFF USE ONLY

Account Number: \_\_\_\_\_    Meter No: \_\_\_\_\_    Last Read: \_\_\_\_\_

Service: \_\_\_\_\_    Closing Read: \_\_\_\_\_    Lock Off \_\_\_\_\_