

# City of Hanford – Stop Utility Services

Applicant Information			
Customer Name:		Today's Date:	
Telephone:	DOB:	CA ID/Military ID:	
Cell Phone:		Social Security/Tax ID:	
Information to Stop Service			
Service Address:		Stop Date:	(Mon-Fri only)
Please check one of the following reasons:			
<input type="checkbox"/>	RENTED		
<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 / refund:			
City, State, Zip:			
Signature: X		Print Name:	

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

\* For questions please call (559) 585-2510.

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			
<b>ACCOUNT NO:</b>			
<b>RECEIVED</b>		<b>COMPLETED</b>	
Date:		Date:	
Time:		Time:	
Employee:		Employee:	