



City of Lakeport
Utility Service Disconnect
 225 Park Street, Lakeport, CA 95453
 (707) 263-5615, Ext. 305 or 304
 (707) 263-8584 fax
 Email UtilityBilling@cityoflakeport.com

Disconnect Date:	
Name:	
Service Address:	
Forwarding Address for Final Bill:	
Home Phone:	Cell Phone:
Employer Name, Address & Phone:	
Name & Address of Home Owner (Service Address):	

Initial Boxes

- I, the undersigned, guarantee to pay the **FINAL BILL** for the above-named property for service through the disconnect date specified.
- I understand if the Final bill is not paid within 30 days, the account will be referred to collections.
- I understand that if I am enrolled in Easy Pay my final bill will be automatically debited unless written notice to stop Easy Pay is attached to this request.

Signature: _____ Date: _____

- Owner
 Tenant
 Property Manager
 Listing Agent



OFFICE USE ONLY

Book #	Seq #	Meter ID#	Sensor #
Account #		Water Off <input type="checkbox"/>	Read Only <input type="checkbox"/>
Deposit Refund <input type="checkbox"/> Yes <input type="checkbox"/> No		Meter Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	
Deposit Receipt #		Comments:	
Refund Amount \$		Reading:	
System <input type="checkbox"/>	Reading <input type="checkbox"/>		