

# CALAVERAS PUBLIC UTILITY DISTRICT

P.O. Box 666, SAN ANDREAS, CALIFORNIA 754-9442

## REQUEST FOR DISCONTINUANCE OF WATER SERVICE

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Acct. No. \_\_\_\_\_

Location: \_\_\_\_\_

Remarks: \_\_\_\_\_

Discontinued:

Date \_\_\_\_\_ By \_\_\_\_\_

Meter No. \_\_\_\_\_

RTE \_\_\_\_\_ SEQ. \_\_\_\_\_

Meter Size \_\_\_\_\_

Reading \_\_\_\_\_

LOCK OFF      YES       NO

Applicant's  
Signature \_\_\_\_\_

**CALAVERAS PUBLIC UTILITY DISTRICT**

By \_\_\_\_\_