[ ]cw	] Cw City of Stockton Request to Close Utility Account		C:
Service Address	s:		L:
Service Address	and Account Information		
Today's Date:			
Account Number:			
Date Requesting	To Close Account:		
Services cannot be	cessed one (1) business day after the City of Stockton receives e closed on any closed Friday, weekend, or holiday. vill be based upon Deed date.	s your Closing Request.	
Customer Informa	ation		
Customer Name:			
Daytime Phone Number:		Cell Phone Number:	
Forwarding Mailing	g Address:		
City:		State:	ZIP Code:
Email Address:			
Additional Inform	ation		
Fill out closing request completely. Once completed, print and sign and return to the City of Stockton Utility Billing Unit. Incomplete or unverifiable information will delay our ability to close your account as they will not be processed. You may return the requested information in one of the following ways:			
1. Scan and email form to <u>utilities@stocktonca.gov</u> , or			
2. Mail form to City of Stockton P O Box 1571 Stockton, CA 95202 (When selecting a closing date, please allow time for mailing.), or			
3. Retur	n the form in person at City Hall Finance office at 425 N. El	Dorado Street, Stockton, CA	
If you have any questions regarding this request, please call Customer Service at (209) 937-8295 during our regular business hours.			
Signature:		Date:	
Date	e Received: Effective Date:	CSR: Revie	ewed by: