

(559) 661-5454  
(559) 675-7067 Fax

City of Madera – Municipal Services  
205 West 4<sup>th</sup> Street  
Madera, CA 93637

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

I AGREE TO PAY ALL FEES AND CHARGES FOR SAID MONTHLY SERVICES AND TO COMPLY WITH ALL RULES AND REGULATIONS OF THE CITY OF MADERA PERTAINING TO SUCH SERVICES.

**I UNDERSTAND AND AGREE THAT I SHALL CONTINUE TO BE LIABLE FOR ALL MONTHLY CHARGES UNTIL AFTER THE MADERA CITY FINANCE DEPARTMENT HAS RECEIVED FROM ME A WRITTEN NOTICE TO DISCONTINUE SUCH SERVICES AND ALL SAID SERVICES HAVE BEEN PAID IN FULL.** I ALSO UNDERSTAND THAT ONLY THOSE INDIVIDUALS WHO HAVE SIGNED ON AS ACCOUNT HOLDERS AND CO-GUARANTORS CAN INQUIRE AS TO THE STATUS OF THIS ACCOUNT.

## ACCOUNT TERMINATION FORM

### TO BE FILLED IN BY CUSTOMER

Finance Dept Use:

CUSTOMER NAME (1) \_\_\_\_\_ ACCT. NO. \_\_\_\_\_

CUSTOMER NAME (2) \_\_\_\_\_

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

MAILING ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DRIVERS LIC. NO (1) \_\_\_\_\_ DRIVERS LIC NO (2) \_\_\_\_\_

FOR TERMINATION-FORWARDING ADDRESS \_\_\_\_\_

APPLICANT'S SIGNATURE (1) \_\_\_\_\_ APPLICANT'S SIGNATURE (2) \_\_\_\_\_

### FOR FINANCE USE ONLY:

EMPLOYEE NAME: \_\_\_\_\_

INFORMATION: EFFECTIVE DATE \_\_\_\_\_ BIN CANCELLATION \_\_\_\_\_ WATER OFF DATE \_\_\_\_\_

MONTHLY CHARGES	BILLING ADJ	PENALTY ADJ	TOTAL ADJ	<u>ZERO OUT TO REFUND</u>
WATER \$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SEWER \$ _____	\$ _____	\$ _____	\$ _____	\$ _____
DISPL \$ _____	\$ _____	\$ _____	\$ _____	\$ _____
DRAIN \$ _____	\$ _____	\$ _____	\$ _____	\$ _____
ST. CLN \$ _____	\$ _____	\$ _____	\$ _____	\$ _____
PRE-PAY \$ _____	\$ _____	\$ _____	\$ _____	\$ _____
WTR FINE \$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL \$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

BALANCE ON ACCOUNT \$ \_\_\_\_\_

TOTAL ADJ \$ \_\_\_\_\_

DEPOSIT FROM ACCOUNT \$ \_\_\_\_\_

TOTAL REMAINING ON ACCOUNT \$ \_\_\_\_\_

REFUND DUE TO CUSTOMER \$ \_\_\_\_\_

TRANSFER REMAINING DEPOSIT \$ \_\_\_\_\_ AS DEPOSIT TO ACCT \_\_\_\_\_ PAYMENT ON NEW ACCT # \_\_\_\_\_

REMARKS: \_\_\_\_\_

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