

# City of Hanford – Stop Utility Services

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

I declare that the information on this document is true and correct. The City of Hanford is not responsible for incorrect or false information provided by the applicant.

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

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@hanfordca.gov**

FOR OFFICE USE ONLY		
ACCOUNT NO:		
RECEIVED	COMPLETED	
Date:	Date:	
Time:	Time:	
Employee:	Employee:	