

**City of Westmorland**  
355 South Center Street - Post Office Box 699  
Westmorland, California 92281  
Tel. (760) 344-3411 Fax (760) 344-5307

## WATER DIS-CONNECTION REQUEST

DATE: \_\_\_\_\_

CUSTOMER'S NAME: \_\_\_\_\_

ADDRESS TO  
DIS-CONNECT: \_\_\_\_\_

DATE TO BE DISCONNECTED: \_\_\_\_\_

NEW ADDRESS  
IF MOVING IN TOWN : \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

OWNER

RENTER

CUSTOMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPOSIT AMOUNT \_\_\_\_\_ DATE: \_\_\_\_\_ FORWARD ADDRESS \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE / OFFICE USE ONLY**

Location Id. \_\_\_\_\_

**To be Completed by Public Works:**

Account No. \_\_\_\_\_

Maintenance Request No. \_\_\_\_\_

Last Month to be Billed: \_\_\_\_\_

Public Works Person: \_\_\_\_\_

Did Customer have a Deposit: \_\_\_\_\_

Meter Read: \_\_\_\_\_

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

Information  
entered into Computer by: \_\_\_\_\_

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