



**CITY OF KERMAN**  
Utility Service Termination

Today's Date: \_\_\_\_\_ Last Service Date: \_\_\_\_\_

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone No.(s): \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

Signature \_\_\_\_\_

City of Kerman Office Use Only:

Account Closed: \_\_\_\_\_ By: \_\_\_\_\_

Deposit Refund Amount: \_\_\_\_\_

Copy to Water Dept. \_\_\_\_\_ Bin Notice \_\_\_\_\_