

230 N. Main St  
Lakeport, CA 95453  
(707) 263-0119  
(707) 263-3836 Fax

**COUNTY OF LAKE  
SPECIAL DISTRICTS ADMINISTRATION  
REQUEST TO CLOSE RENTER UTILITY ACCOUNT**

Today's Date: \_\_\_\_\_

**Renter(s) Name:** \_\_\_\_\_  
Last Name First Name

Account Number: \_\_\_\_\_ -F \_\_\_\_\_

Service Address: \_\_\_\_\_ City \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

**Date Requesting To Close Account:** \_\_\_\_\_

**Are all renters moving out** YES or NO

**Forwarding Mailing Address for a refund or a final bill is:**

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Relationship to Property:** Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Other \_\_\_\_\_

If other, please describe: \_\_\_\_\_

Please be advised that if the final bill is not paid within 30 days, the account may be sent to a Collection Agency and reported to all credit bureaus.

If you need to change or extend your closing date after submitting this request, please contact Customer Service at (707) 263-0119.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Date Received: \_\_\_\_\_ Service Request No: \_\_\_\_\_ Read Meter on: \_\_\_\_\_

Request Taken By: \_\_\_\_\_ Deposit Amount: \$ \_\_\_\_\_