

DIRECTORS

Stephan D. Moore, President
Michael Ostrom, Vice President
Kevin Stevens
Randy Owens
Sam Fonzi

SECRETARY-MANAGER

Teresa Tanaka

LINDEN COUNTY WATER DISTRICT

REQUEST TO DISCONTINUE SERVICE

I, _____, request Linden County Water District to discontinue the water and/or sewer service located at: _____. I request that service be discontinued as of _____. I understand that the Linden County Water District is unable to backdate any services and will continue to be responsible for services until I have returned this form to the Linden County Water District office.

I understand that I am responsible for the closing bill which is to be mailed to:

Name (Please Print) _____

Signature _____

Date _____

Request received by _____

LCWD Representative

Date

Please sign and return this form. Thank you.

18243 E. Highway 26 – P.O. Box 595 – Linden, CA 95236

Phone (209) 887-3216 Fax (209) 887-3972