## Olivehurst Public Utility District



## SIGN-OUT OF SERVICE

Customer Service: (530) 743-4657 1970 9th Ave. P O Box 670 Olivehurst, CA 95961

Please complete this form and return it by one of the following means:

<u>Deliver to:</u> 1970 9th Avenue, Olivehurst, CA 95961 • <u>Fax to:</u> (530) 743-3023 • <u>Email to:</u> <u>opud@opud.org</u>

You are required to sign-out of service in writing at least 24 hours before the date of sign-out and sign-outs are effective on normal business days only. If you move out of your residence, please notify the OPUD Business Office to close your account. Complete this form and return it in person to 1970 9<sup>th</sup> Avenue, Olivehurst, fax the form to the business office, email or place it in the Drop Box at the Business Office. It is not recommended that you mail the form if you are requesting immediate termination of services. If you do not notify the OPUD Business Office the service will continue in your name and continue to incur charges until written notification is received.

It is important that you notify OPUD as soon as possible so that we can obtain a meter reading on the last day of your service date or suspend your flat rate. Service is not discontinued until the completed form is received by OPUD and will be effective no sooner than the date received.

By signing this form, I am requesting that OPUD discontinue water and/or sewer service to the service address listed below and to close my account. I am also acknowledging:

- Written notification must be received no later than 24 hours prior to sign-out requests and are effective on regular business days.
- If there is a closing bill, the entire balance is due and payable upon receipt and delinquent after the Due Date. The final bill will be sent to the forwarding address listed below and the ACCOUNT # will change from 10 digits and a DASH 00 to 10 digits and a DASH ## other than 00 Please reference the NEW account # when making your final payment.
- OPUD will apply any credits that may be available on the account to the final bill and in the event there is a remaining credit on the account, a check will be mailed to the forwarding address below within 30 days.
- I understand that OPUD has the right to proceed with further collections if full payment is not received by the
  due date.
- I understand that by signing out of service my services will be turned off and there will be no water available at the premises.

DATE	NAME ON ACCOUN	NT	
SERVICE ADDRESS			
FORWARDING ADDRESS _			
DATE SERVICE TO <b>END</b>		_ PHONE # (	
CHECK WHICH APPLIES: EMAIL (OPTIONAL):			
FOR OPUD OFFICE ONLY:	ACCT #:	_ Completed By:	Date:
Final meter read/work order	completed N/A YES	Meter Read _	
Deposit NO YES AF	PPLIED \$	Final Bill Amt \$	
Balance Transferred TO ACCCOMMENTS:	CT # AN	1T \$	System Entry Completed: