

Account #: _____

Konocti County Water District
15844 35th Ave.
Clearlake, CA 95422
(707) 994-2561
Fax (707) 994-1107

Customer Closing Bill Request

Date to Read Meter: _____ Service Address: _____

DISCONNECT? *YES (Signature Below Required) NO
(Circle Yes or No)

** Owner of record may Disconnect Service and/or request a Closing Bill at any time, however, Per Konocti County Water District policy, Service MAY NOT be Disconnected while Occupied unless scheduled for disconnection due to non-payment (48 hr. Notice).*

Please Send Closing Bill To:

Customer Name: _____ Phone: _____

Address to Mail Final Bill: _____

City

State

Zip

I agree to pay the Closing Bill and any prior amount owing within 15 days of receipt of my bill.

Past due/ unpaid accounts will be subject to collections.

I understand that my request for a Closing Bill will result in either a \$60 charge to the next renter/owner (no disconnect), or an \$80 charge for reconnection to the next renter/owner (disconnect).

***Customer Signature:** _____
(Required for Disconnect)

For Office Use Only: Work Order No.: _____ **Date Work Order Completed:** _____

Current Reading: _____
Previous Reading: _____
USAGE _____ cu. ft. @ .04 = _____
Svc. Charge _____

Prior Bal. _____ Closing Bill: _____
TOTAL DUE: _____ DATE PAID: _____

Check Off Below:
ACCT: Inactive, L/C, *, New Reading, Add Charges, Bill

12 June 2019