

PLEASE TYPE OR PRINT

DIABLO WATER DISTRICT REQUEST TO CLOSE WATER ACCOUNT

Please return to 2107 Main Street, Oakley, CA 94561 or Fax: 925-625-0814

****FIELDS IN RED MUST BE COMPLETE****

CUST ID: _____

LOC. ID: _____

REQUESTED DISCONNECT DATE: _____
(Monday – Friday, non-holidays only)

NAME(S) ON ACCOUNT: _____

SERVICE ADDRESS: _____

REQUESTED BY: _____ **PHONE NUMBER:** _____

BIRTHDATE: _____ **LAST 4 DIGITS OF SOCIAL SEC. NO:** _____

FORWARDING ADDRESS FOR FINAL BILLING: _____

Transfer deposit to: _____

****If you are moving to a different Oakley residence, please also complete the [Application for Water Service](#)**

Please note: This request will be processed and the water meter read within one (1) business day of your requested close date (Monday through Friday, non-holidays). Requests received by our office later than your requested close date will be processed with an effective date that is within one (1) business day of receipt.

SIGNATURE: _____ **DATE:** _____

PROPERTY OWNERS/LANDLORDS:

Property Sold: Escrow Close Date: _____

OR

Property Rented: Start Date of Rental Agreement: _____

Tenant's Name(s): _____

**** Diablo Water District reserves the right to request copies of escrow closing documents or rental agreements before processing any requests for change of water service.**