

PLEASE TYPE OR PRINT

**DIABLO WATER DISTRICT  
REQUEST TO CLOSE WATER ACCOUNT**  
Please return to 87 Carol Lane, 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 will be 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.**