



City of Los Banos

520 J Street • Los Banos, CA 93635 • 209-827-7000

Application for Termination of Utility Services

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Service Address (address of property receiving service) Account Number

_____ *Phone Number DL # and SSN (last four digits)*

Terminate services

Date to be disconnected: _____

- ▶ Monday – Thursday (before 12pm)
- ▶ The City provides same day service, if notified prior to 12pm
- ▶ Termination must be a future date - terminations will not be backdated

Mailing Address (for final bill): _____

Customer's Approval

I hereby certify that the above information is true and accurate:

Customers Signature: _____ Date: _____

Employee Initials: _____ Date Received: _____