

CITY OF CHOWCHILLA

Finance Department

130 South Second St.
Civic Center Plaza
Chowchilla, CA 93610

Phone #: (559) 665-8615
Fax #: (559) 665-2569
Website: www.ci.chowchilla.ca.us

ACCOUNT CLOSURE FORM

Name on Account (List Business Name, if applicable): _____

I, _____ would like to close my account at
_____, Chowchilla, CA 93610. I would like my account to be
closed on _____. Please send any final billings or deposit refund to the
following mailing address:

Forward Mailing Address: _____

City: _____ State: _____ Zip code: _____

Contact Phone Number (include Area Code): _____

Please Transfer my Balance and/or my Deposit to my New Account: YES NO N/A
(Only applies if you are opening a new account with the City of Chowchilla. Balances will be required to be paid and a new deposit if not transferred to the new account before services are rendered.)

Address of new account in Chowchilla: _____

Is this rental property? YES NO If yes, is there anyone still living in the home? YES NO

Signature of Account Holder: _____ Date: _____

Special Note: _____

FOR CITY USE ONLY - DO NOT WRITE BELOW THIS LINE

DATE RECEIVED	ACCOUNT NUMBER	
	COMMENTS:	