



## City of Westminster

FINANCE DEPARTMENT  
8200 Westminster Blvd  
Westminster CA 92683  
714/894-3796

### WATER ACCOUNT DISCONNECTION FORM

#### FOR OFFICE USE ONLY

Entered By \_\_\_\_\_

Date \_\_\_\_\_

Disconnect Date

Water Account #

#### Account Information

Billing Name: \_\_\_\_\_  
*(Last Name)* *(First Name)*

Service Address: \_\_\_\_\_

#### Forwarding Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Authorization

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_