



Konocti County Water District
15844 35th Ave Clearlake, CA 95422
Phone: (707)994-2561 Fax:(707)994-1107

Account #: _____

Date: _____

Customer Closing Bill Request

Date to Read Meter: _____

Service Address: _____

DISCONNECT?

***YES** (Owner Signature Required Below) ***NO**

(Circle Yes or No)

**Owner of record may Disconnect Service and/or request a Closing Bill at any time, however, Per Konocti County Water District policy, Service MAY NOT be Disconnected while occupied unless scheduled for disconnection due to nonpayment (48hr. Notice)*

REQUESTED BY: OWNER

RENTER

(Circle Owner or Renter)

Please Send Closing Bill To:

Customer Name: _____

Phone: _____

Address to Mail Final Bill: _____

City

State

Zip

I agree to pay the Closing Bill and any prior amount owing within 30 days of receipt of my bill. Past due/unpaid accounts will be subject to collection action. I understand that my request for a Closing Bill will result in either a \$100.00 charge to the next owner (no disconnect), or a \$120.00 charge for reconnection to the next owner (disconnect).

Customer Signature: _____

(Required for Disconnect)

FOR OFFICE USE ONLY

Current Reading: _____

Prior Bal. _____

Closing Bill: _____

Previous Reading: _____

TOTAL DUE: _____

DATE PAID: _____

USAGE: _____ cu. ft. @ .4 = _____

Svc. Charge: _____