

PLEASE PRINT OR TYPE



# Diablo Water District Request to Close Water Account For Businesses/Property Managers

**\*\*FIELDS IN RED MUST BE COMPLETE\*\***

ACCOUNT NUMBER: \_\_\_\_\_

**REQUESTED DISCONNECT DATE:** \_\_\_\_\_  
(Monday-Friday, non-holidays only)

**BILLING NAME:** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**TAX ID NO.:** \_\_\_\_\_

**MAILING ADDRESS FOR FINAL BILLING:** \_\_\_\_\_  
\_\_\_\_\_

**Authorization to Disconnect Water Service:** This request will be processed, and the water meter will be read within one (1) business day of the requested close date (Monday through Friday; non-holidays). Any open deposit on the account will be applied to the final bill. 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.

**Release of Liability:** I request that Diablo Water District turn off the water at the above service address regardless of anyone being at the premises. I realize that if all water-using appliances are not completely closed, or if there are any leaks, the premises may suffer water damage. I hereby accept full responsibility for any such damage and agree to hold Diablo Water District harmless if any damage should occur.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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**Please return to 87 Carol Lane, Oakley, CA 94561 or Fax: 925-625-0814 or Email: [customers@diablowater.org](mailto:customers@diablowater.org)**