

**City of Chapman**  
**Utility Service Disconnection/Transfer Agreement**

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

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

Forwarding Address (**required**): \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_ Date for disconnection/transfer: \_\_\_\_\_

Service Requested: *Disconnection* *Transfer* Account transferred to (if applicable): \_\_\_\_\_

Rent or own property: *Rent* *Own* Landlord (if applicable): \_\_\_\_\_

Has landlord been notified (if applicable): *Yes* *No*

Pursuant to Ordinance 1001 passed by the Chapman City Council on December 13, 2017, utility deposits will be applied to the customer's final bill. Any remaining portion of the utility deposit will be mailed to the customer's forwarding address.

If you are transferring names on the utility agreement, who should the deposit be refunded to?

\_\_\_\_\_

I \_\_\_\_\_ acknowledge that the information provided is the information the city of Chapman will use for the listed service address. If this information needs to be changed before the requested date of services, I am responsible for contacting the city of Chapman and completing a revised disconnection/transfer agreement.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

City Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Account Number:	Work Order Number:	Date Complete in JUS:
Read-Out for Electric:	Read-Out for Water:	Applied Deposit: