

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: