



**City of Monrovia  
Finance Department**

415 S Ivy Avenue, Monrovia CA 91016

Phone (626) 932-5517 Fax (626) 932-5566

Email: watercustomersvs@ci.monrovia.ca.us

Business Hours: Monday – Thursday 7am – 6pm • Friday 7am – 5:30pm

Office use only:
Acct#: _____
Date: _____
SO#: _____
Initial: _____

## Water Service Cancellation Request

**PLEASE PRINT CLEARLY**

Effective Cancellation Date:	Service Address:
<b>Account Information</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Business	
First Name	Last Name
Name of person making request	
Daytime Phone	Alternate Phone

<b>Final Bill Address – Where would you like the last bill to be mailed?</b>	
Address	City, State, Zip Code

*I am requesting the City of Monrovia to close my water account at the service address submitted above. I certify, under the penalties of perjury, that the information provided above is true and correct. I understand that I am responsible for all charges up through the date of termination. \**

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*\* ONE FINAL/CLOSING BILL WILL BE SENT FOR ALL CHARGES UP THROUGH DATE OF TERMINATION.*