



Directors

Paul Brennan, President
David Fletcher, Vice-President
Myron Blanton
Elaine Reed
Lawrence Knapp

LINDEN COUNTY WATER DISTRICT

Request to Discontinue Service

I, _____, request Linden County Water District to discontinue the water and/or sewer service located at: _____. I request that service be discontinued as of _____. I understand that the Linden County Water District is unable to backdate any services and will continue to be responsible for services until I have returned this form to the Linden County Water District office.

I understand that I am responsible for the closing bill, which is to be mailed to:

Account Number _____

Name (Please Print) _____

Signature _____

Date _____

Request received by _____

LCWD Representative

Date

Please sign and return this form. Thank you.

18243 E. Hwy 26 – P. O. Box 595 – Linden, CA. 95236
Phone (209) 887-3216 Fax (209) 887-3972 www.lindencwd.com