



**Directors**

Lawrence Knapp, President  
Steven M. Lagorio, Vice-President  
Myron Blanton  
Elaine Reed  
Douglas E. Smith

## 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