

119 Fox Street • Lemoore, California 93245 • (559) 924-6715 • Fax (559) 924-9003 Finance Department

WATER - ONLY ACCOUNT REQUEST FORM

Account#:		~
Service Address:		-
Name (Print):		_
Phone#:		_
I am requesting water	-only service from (mm/dd/yyyy)	_ to
I request that my sew	er and garbage service be suspended for this	time.
	Conditions of Water Only Account	
A \$37 water-on	ly service reduction fee will be charged to the	first water-only bill.
 Refuse contained 	ers will be removed from the property during t	he water-only period.
	tainers will be retuned and I will be charged stated return date, unless I call to request full	.
Water-only according	ounts are only available if the home is vacant	for more than 30 days.
I understand I will stil	l be responsible to pay for water service during	g this period of time.
Signature:	Date:	
Address (if different fr	om service address):	