



**City of Monrovia
Finance Department**

415 S Ivy Avenue, Monrovia CA 91016
Phone (626) 932-5517 Fax (626) 932-5566

Email: watercustomersvs@monroviaca.gov

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:
Account Information <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

Final Bill Address – Where would you like the last bill to be mailed?	
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. **

Applicant Signature

Date

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