

# Stop Service Form

## REQUEST TO STOP THE SERVICE

(\*) Required Fields

\* Account No.: \_\_\_\_\_

\* First Name (On Account): \_\_\_\_\_

\* Last Name (On Account): \_\_\_\_\_

\* Last 4 digits of Social Security No: \_\_\_\_\_

E-mail: \_\_\_\_\_

\* Mailing Address for Final Bill:  
(Must be different from service address) \_\_\_\_\_

\* Street Address: \_\_\_\_\_

\* City: \_\_\_\_\_

\* State: \_\_\_\_\_

\* Zip: \_\_\_\_\_

\* Daytime Phone: \_\_\_\_\_

\* Date To Stop Service:  
(Please allow 1 business day to take effect) \_\_\_\_\_

**Return Completed Form To:**  
Rowland Water District  
3021 S. Fullerton Road,  
Rowland Heights, CA 91748  
Phone (562) 697-1726