	UTILITY BILLING DISCONTINUANCE OF SERVICE FORM		
	City of Grass Valley Public 125 E Main Street, Grass Phone: (530) 2 Email: info@cityofgr Fax: (530) 27	s Valley, CA 95945 274-4350 assvalley.com 4-4399	
Service Address:			
Owner Name:		Phone Number: ()	
Mailing Address:		City/State/Zip:	
<u>Reas</u>	on for Discontinuance:		
(Pleas	e select and complete the most applicable section.)		
	This property has been sold and I am no longer responsible for service.		
	Escrow Close Date:		
	Title Company Name:		
	For verification purposes, both the escrow close date and the title company name must be provided in order to stop service in the current owner's name. Incomplete forms will not be processed.		
	Owner's Signature:	Date:	
	This property will be vacant for a period of time and I wish to stop service. Requested Discontinue Date:		
	Owner's Signature:	Date:	