



440 Walnut Avenue, Vallejo, CA 94592
Ph. (707) 562-5000 – Fax (707) 562-5002

SERVICE TERMINATION REQUEST

Terminate Service: *Electricity* *Natural Gas* **Turn-Off Date:** _____

Customer Name _____ **Phone** _____

Service Address _____

City Mare Island **State** CA **Zip** 94592

Please provide a forwarding address for your final bill. If you still have a credit deposit on your account, the reimbursement check will be mailed to this address upon payment of the final bill.

Billing Address _____

City _____ **State** _____ **Zip** _____

I hereby request termination of electrical and/or gas service at the above address, and agree to pay for service received up to the termination date in full upon receipt of the final bill.

Requester's Signature _____ **Date** _____

Office Use Only

Comments/Remarks