



Rosamond Community Services District

3179 35TH STREET WEST, ROSAMOND CA 93560

661-256-3411. 661-256-2557 FAX

Return completed form and support to:

customerservice@rosamondcsd.com

**Service Disconnection Date:**

[Blank box for Service Disconnection Date]

Date Received: \_\_\_\_\_

**SERVICE DISCONNECTION FORM**

I hereby request the Rosamond Community Services District discontinue water service to the address stated below. It is the responsibility of the account holder to verify the information on the account is accurate prior to closing the account. We can only issue credit refunds and deposit refunds to the account holder. To make changes, please contact the Customer Service Department at 661-256-3411. You **must** attach a copy of your State issued ID in order to process the disconnection. Disconnection date cannot be dated prior to submittal date. Service is disconnected Monday thru Thursday, except holidays. Disconnection forms received after 3:30PM will be disconnected the following business day.

Name: \_\_\_\_\_ Account # \_\_\_\_\_

Residence Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

*Please provide your forwarding address for final bill and/or deposit refund*

Forwarding Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

*\*Customers enrolled in AutoPay will have their final bill drafted from their accounts unless cancelled prior to the first of the month.*

X \_\_\_\_\_  
Customer Signature/ Date

OFFICE USE ONLY- Location #: _____ / Route #: _____	Meter Reading: Present _____ / Previous _____
Work Order Created by Employee Intl _____, Date Completed _____	Forwarding Address updated in system on (Date) _____
Final Bill Completed- Mailed/Emailed by Employee Intl _____, Date Completed _____	Reviewed and verified by Employee Intl _____, Date _____