



City of Huntington Park

SHUT OFF WATER SERVICE REQUEST

OFFICE USE ONLY	Customer:	Location:
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Property Information

Address:	City:	Zip:
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Property Owner / Business Contact Information

Name:		Phone Number:	
Forwarding Address:		City:	
Zip Code:	Shut Off Date:		

Please include a written statement below, from owner / business, requesting to terminate services.

Signature: _____ Date: _____