



City of Huntington Park

## SHUT OFF WATER SERVICE REQUEST

<b>OFFICE USE ONLY</b>	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.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_