BILLING & COLLECTIONS OFFICE
UTILITY SERVICE CANCELLATION FORM

Rev. 05/2022

Revenue Division
1685 Main Street, City Hall East Building, Santa Monica, CA 90401
Phone: 310-458-8224 ext.1 | Fax: 310-656-9175
Email: billing.collections@santamonica.gov
Website: finance.smgov.net/utility-billing
Office Hours: Monday—Thursday 8:00am to 5:00pm,
Alternate Fridays 8:30am to 4:30pm

If, due to a disability, special assistance is needed to read this application, please contact the Billing & Collections Office at (310) 458-8225.

IMPORTANT NOTICE: Buildings where multiple units are serviced by one meter require verifiable proof of ownership change to cancel an account. The current responsible party may not be removed until such time proof of ownership change has been received and verified, after which time the new owner will be assigned responsibility for the account no earlier than the date title was transferred.

ACCOUNT INFORMATION

Name of Responsible Party:

☐ Owner ☐ Property Management Company

Account Type	Account #	Account Type	Account #	Account Type	Account #
☐ Water		☐ Irrigation		☐ CUPA	
☐ Fire		☐ Affordable Housing		☐ Fire Inspection	

Service Address: _____
Number Street Unit/Suite # City State Zip

Address For Final: _____
Number Street Unit/Suite # City State Zip

Phone number: Email Address:

Service Closing Date:	***Month***	***Day***	***Year***	NOTE: THE CLOSING READ WILL OCCUR ON THE NEXT BUSINESS DAY

Name of New Owner & Phone Number:

Acknowledgment and Confirmation

I hereby authorize the City of Santa Monica to discontinue water services in my name. I understand that services will be discontinued only during normal business hours.	_____ (initials)
I understand that closing this account will shut off service to the property will occur within seven (7) days after the requested closing date and will generate a final bill for which I will be responsible for.	_____ (initials)
I understand that services will not be discontinued and my responsibility for payment of all charges will not end until this application is received by the Billing & Collections Unit with proof of ownership change (e.g. close of escrow).	_____ (initials)

_____ _____ _____
Signature *Title* *Date*

CITY OF SANTA MONICA UTILITY CANCELLATION FORM