



# CALAVERAS COUNTY WATER DISTRICT

120 Toma Court • PO Box 608 • San Andreas, CA 95249 • Main line (209) 754-3543

## Termination of Service(s) Request

I am requesting a termination of the water and/or sewer service(s) provided by the Calaveras County Water District (CCWD) and agreeing to pay all related fees, per Resolution 2019-61. I understand that I will not be allowed to apply to reinstate service(s) for 3 (three) years, those services are not guaranteed, and I will be required to pay all applicable fees, charges and costs associated with installation and reconnection, including but not limited to the connection fee in effect at time of reapplication, less any non-refundable parcel credit equal to the amount of the connection charge in effect on the date the property was initially connected to CCWD.

<b>Name:</b>	<b>Account number:</b>
<b>APN:</b>	<b>Service address:</b>
<b>Billing address:</b>	<b>Email address:</b>
<b>City:</b> <b>Zip:</b>	<b>Cell/home phone:</b>

Is the property currently unoccupied?     Yes     No

Is there a structure on the property?     Yes     No

What service(s) do you want to terminate?     Water only     Sewer only     Water and sewer

What is your reason for applying to disconnect water and/or sewer services?  
\_\_\_\_\_

By signing below, I agree that the information listed on this form is accurate. If approved, CCWD will require me to sign a notarized Notice of Termination of Water and/or Wastewater Service(s) form that will be recorded at the Calaveras County Clerk Recorder's Office and will move forward with disconnecting water and/or sewer services from the property listed above.

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

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

**CCWD Staff Internal Use Only**

Request:     Accepted     Denied

General manager signature: \_\_\_\_\_

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