City of
Santa Monica®

SANTA MONICA BILLING OFFICE
UTILITY SERVICE CANCELLATION
MULTIFAMILY BUILDING

Business & Revenue Operations Division
P. O. Box 2200, Santa Monica, California 90407-2200
Phone: 310-458-8224 • FAX 310-656-9175
Email: utility.billing@smgov.net • Website: www.smgov.net/water
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 Business & Revenue Operations Division.

IMPORTANT NOTICE: Multifamily 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 ☐ Renter ☐ Property Management Company

Account Type	Account #	Account Type	Account #	Account Type	Account #
☐ Water	#	☐ Irrigation	#	☐ CUPA	#
☐ Fire	#	☐ Industrial Waste	#	☐ Fire Inspection	#

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

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

Primary Phone number: Secondary Phone number:

Service Closing Date:	***Month***	***Day***	***Year***

NOTE: THE CLOSING READ MAY OCCUR ON THE NEXT BUSINESS DAY . (WEEKENDS EXCLUDED)

Acknowledgment and Confirmation

I hereby authorize the City of Santa Monica Business & Revenue Operations Division to discontinue water service for the following multifamily account in my name. I understand that service will be discontinued only during normal business hours. _____ (initials)

I understand that closing this account will generate a closing bill for which I will be responsible, and shut off service to the property will occur approximately 7 days after requested closing date. _____ (initials)

I understand that service will not be discontinued and my responsibility for payment of all charges will not end until this notification is received by the Business & Revenue Division with proof of ownership change. _____ (initials)

Signature *Title* *Date*

OFFICE USE ONLY

Account Type:	Account #:	Account Type:	Account #:	Account Type:	Account #:
☐ Water		☐ Irrigation		☐ CUPA	
☐ Fire		☐ Industrial Waste		☐ Fire Inspection	

Multifamily building verified?	☐ Yes	☐ No	If yes, proof of ownership change approved?	☐ Yes	☐ No
Service order #	Customer Email/Fax:				

CITY OF SANTA MONICA UTILITY SERVICES CANCELLATION FORM