



Inspired by a brighter tomorrow.

## Account Closure Request (Move Out)

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Customer Name Account #

Turn Off Date: \_\_\_\_\_ Last 4 of SSN or Federal Tax ID \_\_\_\_\_  
Weekday only

Forwarding Address: \_\_\_\_\_  
Street Name and Number

\_\_\_\_\_  
City State Zip

Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

City of Palo Alto Utilities, Customer Service Center 250 Hamilton Ave., Ground Floor, Palo Alto, CA 94301  
Tel. 650 329-2161 Fax. 650-321-2786 Hours Mon – Thur 8:00 am to 5:30 pm Friday 8:00 to 4:30 pm  
Email: [UtilitiesCustomerService@cityofpaloalto.org](mailto:UtilitiesCustomerService@cityofpaloalto.org) Web: <http://www.cityofpaloalto.org/depts/utl/default.asp>