



GRANITE FALLS

City of Granite Falls
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CITY OF GRANITE FALLS UTILITY SERVICES TERMINATION FORM

Property Sold Tenant Vacated Seasonal Shut Off Temporary Shut Off

Service Address: _____

Current Owner: _____ Acct. # _____

New Owner (if available): _____

Current Owner's Mailing Address: _____

Current Owner's Phone Number: _____ Email: _____

Current Tenant: _____

Tenant Forwarding Address: _____

Tenant Contact Phone: _____

Service End Date: _____

As Current Owner or Tenant on behalf of Owner, I am requesting that the utility services be shut off at this service address as of the service end date listed above. Charges due for any utility services rendered prior to shut off date will be sent to current owner and a duplicate to tenant, if requested.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

ACCOUNT NO. _____ METER NO. _____

METER READING: _____ READ BY AND DATE: _____

PRIOR READ: _____ SERVICE NO. _____