



Victorville Municipal Utility Services (VMUS)

18374 Phantom West • Victorville, CA 92394

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REQUEST TO DISCONNECT SERVICE



1. SERVICE ADDRESS INFORMATION

Company Name:

Service Address:

Account No. & Customer ID:

Requested Date of Disconnection: ___ / ___ / 20__

2. FORWARDING & REQUESTOR'S INFORMATION

Name of Requestor:

Title:

Phone No.:

Email Address:

Forwarding Address:

ATTN: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Requestor's Signature

Date

3. FOR OFFICE USE ONLY

Account No. & CID:

Work Order Assigned to:

Natural Gas

Electric

Date Received:

Date Assigned:

Completed By:

Comments: