

HELENDALE COMMUNITY

# STOP SERVICE FORM

Account No. \_\_\_\_\_

SERVICES DISTRICT

Street Address \_\_\_\_\_

Requested by \_\_\_\_\_

Owner       Tenant       Other \_\_\_\_\_

Forwarding Address \_\_\_\_\_

Phone No \_\_\_\_\_ Stop Date \_\_\_\_\_

Reason:     Sold                       Tenant Moving Out – back to Owner                       Foreclosure

Other \_\_\_\_\_

Additional Information (if known)

New Owner \_\_\_\_\_

Address \_\_\_\_\_

Escrow Company \_\_\_\_\_ Escrow Officer \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Dated \_\_\_\_\_ Taken by \_\_\_\_\_