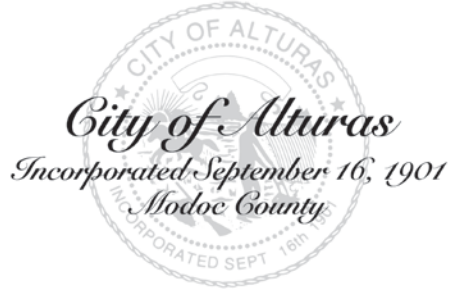


200 W. North St.
Alturas, CA 96101-3938



(530) 233-2512
Fax (530) 233-3559

CITY OF ALTURAS WATER DEPARTMENT Water Disconnect Agreement

THIS AGREEMENT was made _____ by and between the CITY OF ALTURAS and
(owner/tenant) _____.

REQUEST DISCONNECTION AT THE FOLLOWING ADDRESS: _____

WITNESSETH that the CITY OF ALTURAS and the owner/tenant for the considerations
named agree as follows:

SCOPE OF WORK:

OWNER/TENANT REQUESTING WATER TO BE TURNED OFF AT THE ABOVE LISTED
ADDRESS ON THE DATE STATE BELOW.

Date: _____

Forwarding Mailing Address: _____

Phone Number: (_____) _____

Owner/Tenant Signature