



83-101 Avenue 45, Indio, CA 92201 (760) 391-4038

### Information and Instructions to Stop Water Service

## **FOR YOUR PROTECTION, WRITTEN CONFIRMATION OF A REQUEST TO STOP WATER SERVICE IS REQUIRED**

### Instructions to turn off water service

1. Completely Fill out Stop Service Request – all fields required.
2. You may:  
Fax to: (760) 391-6440 or  
Email to: [IWA@indio.org](mailto:IWA@indio.org)

**All faxed or emailed requests received by 5:00 p.m. Monday through Friday, will take two (2) business days to process (excludes date the fax/email request was sent).**

3. You may also Mail to: 83-101 Avenue 45, Indio CA 92201. Once received, please allow two (2) business days (excludes date received in office) for processing.
4. Any walk in request **before** 1 p.m. will be processed for **next business day**. Walk in requests **after** 1 p.m. will take **two (2) business days** to turn off.

### Important Information

- We are closed on weekends and Holidays.
- If you do not provide a Stop Service Date, we will use the next business date for your termination of water.
- To abide by Identity Theft Laws, we must ask that you provide the last four digits of your Social Security number and complete Drivers License or ID number. For businesses, you must provide complete Federal tax ID number. You must also sign and date the form. Failure to provide this information will delay processing of your request.
- Accounts are NOT closed or re-opened automatically. **It is your responsibility to notify our office by using this form to discontinue service.**
- If you have further questions: contact Customer Service (760) 391-4038



# STOP SERVICE REQUEST

Fax: (760) 391-6440

Email: IWA@indio.org

Mail: 83101 Avenue 45, Indio CA 92201

ALLOW TWO BUSINESS DAYS FOR PROCESSING (EXCLUDES DATE SENT)

Customer Service: (760) 391-4038

Business Hours: Monday– Friday, 8:00 a.m. to 5:00 p.m.

<b>TODAY'S DATE:</b>		
<b>ACCOUNT INFORMATION</b>		
<b>STOP SERVICE DATE:</b>		<b>ACCOUNT NUMBER:</b>
<b>SERVICE ADDRESS:</b>		
<b>PRIMARY ACCOUNT HOLDER</b>		
Name:		
SSN or Tax ID:		DRIVERS LIC OR ID#:
Date of birth:		Phone:
<b>SECONDARY ACCOUNT HOLDER OR AUTHORIZED SIGNER</b>		
Name:		
SSN or Tax ID:		Drivers Lic OR ID#:
Date of Birth		Phone:
<b>FORWARDING MAILING ADDRESS</b>		
Mailing address:		Phone:
City:	State:	ZIP Code:
Email:		
<b>SIGNATURES</b>		
I hereby authorize the Indio Water Authority to suspend my water utility services based on the conditions set forth above.		
<u>By signing this you have confirmed you have read the conditions above and agree to comply with these requirements</u>		
<b>Signature of 1<sup>st</sup> applicant:</b>		<b>Date:</b>
<b>Signature of 2<sup>nd</sup> applicant:</b>		<b>Date:</b>

FOR OFFICE USE ONLY		
	DATE	CRS INITIALS
DATE REQUEST BY CUSTOMER		
REQUEST RECEIVED IN OFFICE		
WORK ORDER NO:		
STOP SERVICE DATE		