



79-050 Avenue 42
Bermuda Dunes, CA 92203
Ph: (760) 772-1967 Fax: (760) 772-0955
Email: info@myomawater.com
www.myomawater.com

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) 772-0955 or
Email to: info@myomawater.com

All faxed or emailed requests received by 4:00 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: 79-050 Avenue 42, Bermuda Dunes CA 92203. Once received, please allow two (2) business days (excludes date received in office) for processing.

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) 772-1967



STOP SERVICE REQUEST

Fax: (760) 772-0955

Email: info@myomawater.com

Mail: 79050 Avenue 42, Bermuda Dunes CA 92203

ALLOW TWO BUSINESS DAYS FOR PROCESSING (EXCLUDES DATE SENT)

Customer Service: (760) 772-1967

TODAY'S DATE:		
ACCOUNT INFORMATION		
STOP SERVICE DATE:		ACCOUNT NUMBER:
SERVICE ADDRESS:		
PRIMARY ACCOUNT HOLDER		
Name:		
SSN or Tax ID:		DRIVERS LIC OR ID#:
Date of birth:		Phone:
SECONDARY ACCOUNT HOLDER OR AUTHORIZED SIGNER		
Name:		
SSN or Tax ID:		Drivers Lic OR ID#:
Date of Birth		Phone:
FORWARDING MAILING ADDRESS		
Mailing address:		Phone:
City:	State:	ZIP Code:
Email:		
SIGNATURES		
I hereby authorize Myoma Dunes Mutual Water Company to suspend my water 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>		
Signature of 1st applicant:		Date:
Signature of 2nd applicant:		Date:

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