



FINANCE DEPARTMENT

CITY OF CULVER CITY

9770 CULVER BOULEVARD, CULVER CITY, CALIFORNIA 90232-0507

(310) 253-5870

FAX (310) 253-5880

Request to Close Account(s)

Business Name (DBA): _____

Business Location: _____

Phone Number: _____ Fax Number: _____ Email: _____

Date of Closing: _____ Reason for Closing the Account: _____

Change of Location Change of Business Name Business Sold Business Closed

If business or property is transferred or sold, please provide the new owner information:

New Owner Name: _____

New Owner Address, City, Zip: _____

PLEASE CHECK THE ACCOUNTS YOU WISH TO CLOSE, FROM THE FOLLOWING:

- Business License Account No. _____
- Refuse (Trash) Account No. _____
- Outdoor Dining Account No. _____
- Fire Inspection Account No. _____
- Monthly Parking Account No. _____
- Police Alarm Permit Account No. _____
- Industrial Waste Account No. _____
- Police False Alarm Account No. _____
- Other Account No. _____

Please Note: If you have any unpaid invoices or a balance due on any account, the account will NOT be closed until they are paid in full.

I hereby certify, under penalty of perjury, that the information on this form and the attachment(s) is/are true, correct and complete to the best of my knowledge.

Authorized Signature _____ Date: _____
(Business owner or an authorized signatory of the business)

Name: _____ Title: _____

New Mailing Address: _____

Phone Number: (_____) _____ Email Address: _____