

## FINANCE DEPARTMENT

## CITY OF CULVER CITY

(310) 253-5870 • FAX (310) 253-5880

9770 CULVER BOULEVARD, CULVER CITY, CALIFORNIA 90232-0507

## **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 Close				
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 AC	COUNTS	S YOU WISH TO CL	<u>OSE, FROM THE</u>	FOLLOWING:	
<b>Business License</b>		Account No			
<b>Refuse (Trash)</b>		Account No			
<b>Outdoor Dining</b>		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:	

Culver City Employees take pride in effectively providing the highest levels of service to enrich the quality of life for the community by building on our tradition of more than seventy-five years of public service, by our present commitment, and by our dedication to meet the challenges of the future.