

**WATER TURN-OFF REQUEST**

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Turn Off Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Meter Name: \_\_\_\_\_ Meter #: \_\_\_\_\_ Meter Reading: \_\_\_\_\_

Stateline Notified: \_\_\_\_\_ Check One: Final Bill: \_\_\_\_\_ No Further Billing: \_\_\_\_\_

TRANSFERS: New Account #: \_\_\_\_\_ Balances Transferred to New Account: \_\_\_\_\_

Deposit: \$ \_\_\_\_\_ Removed from Old Account: \_\_\_\_\_ Entered in New Account: \_\_\_\_\_

CLOSING: Deposit: \$ \_\_\_\_\_ LESS Final Bill: \_\_\_\_\_ = \_\_\_\_\_

Refund (if applicable): \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Date Mailed: \_\_\_\_\_

Deposit Removed from Computer: \_\_\_\_\_ Card Pulled: \_\_\_\_\_ Initial: \_\_\_\_\_