WATER TURN-OFF REQUEST

Name: _____ Account #: _____

Service Address: _____

Forwarding Address: _____

Turn Off Date: _____

Signature: _____

OFFICE USE ONLY

Meter Name: _____ Meter #: _____ Meter Reading: _____

Final Bill: _____ No Further Billing: _____ (Check one Only)

Deposit on Account: _____ Amount of Deposit: _____ Red Check in Book: ____

Deduct Bill from Deposit: _____ Transfer Deposit: _____ Stateline Notified: _____

Refund Deposit: _____ Deposit Removed From Computer: _____

Check #: _____ to City for $_____ Check #_____ to customer for $_____

Mailed Check to Customer(date): _____ Pulled Card: _____ Initial: _____