



WATER SHUT OFF REQUEST FORM

ACCOUNT #: _____

SERVICE ADDRESS: _____

NAME ON ACCOUNT: _____

FORWARDING ADDRESS: _____

PHONE NUMBER: (_____) _____

SHUT OFF DATE: _____

IS THE SHUT-OFF DATE A WEEKEND? YES** NO **If request is made on a weekend, the shut off date will take place the next business day.

I AM THE: OWNER TENANT

IF OWNER, DID YOU SELL THE HOUSE? YES NO

<u>For Office Use Only</u> Any pending WO [] Yes [] No Back to Billing [] Yes [] No First & Final [] Yes [] No Last Billing date _____	Check the box if current customer has EFT [] Uncheck all BILLABLE VACANTS [] Meter read date: _____ Read: _____ Vacant move-in [] Yes [] No Bill Adjustment required [] Yes [] No Refund DEPOSIT [] Yes [] No	STOP DATE _____
		START DATE _____