

REQUEST FOR WATER SERVICE

DATE: _____

NAME: _____

PHONE NO: _____ SOCIAL SECURITY NO: _____

LOCATION OF SERVICE: _____

Check if same as above.
MAILING ADDRESS: _____

TYPE OF SERVICE REQUESTED: (READ IN/ALREAY ON) (READ IN/TURN ON)

CUSTOMER SIGNATURE: _____

OFFICE USE ONLY

METER NUMBER: _____

MXU NUMBER: _____

PREVIOUS READING: _____

CURRENT READING: _____

LATITUDE: _____

LONGITUTDE: _____

ACCOUNT NUMBER: _____

PERSONNEL PERFORMING WORK: _____