

**SERVICE ORDER
UTILITIES DEPARTMENT**



ACCOUNT NO. _____ DATE _____

_____ CONNECT _____ DISCONNECT _____ TRANSFER _____ TAP _____ OFF

NAME _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

FORWARDING ADDRESS _____

DL# _____

CONTACT PHONE _____

WATER METER READING _____

WATER SERVICE CHARGE _____

WATER METER NUMBER _____

SEWER SERVICE CHARGE _____

GARBAGE CAN NUMBER _____

WATER DEPOSIT _____

SEWER DEPOSIT _____

TIME METER TURNED ON or OFF _____

METHOD OF PAYMENT:

Cash ___ Check ___ M.O. ___ Debit/Credit ___

REMARKS/NOTES:

ORDER TAKEN BY: _____

ORDER COMPLETED BY: _____