



UTILITY CUSTOMER SET UP/DISCONNECT FROM

Name:		Date:
Service Address:		
Mailing Address:		
City:	State/Zip:	
Phone Number:	Driver License #:	
Utility Services Requesting: <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Trash Collection		
OFFICE USE ONLY (Please fill in the Customer Information Portion ONLY)		
<input type="checkbox"/> New Account <input type="checkbox"/> Disconnect <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change		
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial		
Previous Name:	Previous Address:	
Previous Account Number:	New Account Number:	
Deposit Amount:	Deposit Date:	
Connection Date:	Disconnect Date:	
Beginning Meter Readings:	Read By:	
Ending Meter Readings:	Read By:	
Comments:		

Customer Signature: _____

Clerk or Representative Signature: _____