



PLEASE PRINT, COMPLETE, AND RETURN TO UTILITY BILLING, CITY HALL

**REQUEST FOR SERVICE**

PLEASE CHECK THE TYPE OF SERVICE YOU ARE REQUESTING

WATER      ON                      OFF                      SPECIAL READING

**PLEASE ALLOW 3 BUSINESS DAYS TO PROCESS YOUR REQUEST**

DATE OF REQUEST \_\_\_\_\_

REQUESTED DATE OF SERVICE \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

OWNER'S PRINTED NAME \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_

AGENT SIGNATURE \_\_\_\_\_

CONTACT PHONE # \_\_\_\_\_

NEW OWNER \_\_\_\_\_

NOTES \_\_\_\_\_