

SHUT OFF DATE _____ ACCT # _____

DATE NOTIFIED _____ INITIAL _____ CYCLE _____

.....
SERVICE NAME _____

SERVICE ADDRESS _____ RENT OWN SOLD

SERVICE PHONE (Home) _____ (Work) _____

Bill to Name _____ Owner Name _____

Bill to Address _____ Owner Address _____

BILL DATE _____ DUE DATE _____ AMT. DUE \$ _____ PAID DATE _____

REFUND \$ _____ CHECK NO. _____ CHECK DATE _____

.....
WORK PERFORMED: STATUS ON OFF USO UTL

INSIDE METER NO. _____ INSIDE READ _____

REMOTE METER NO. _____ REMOTE READ _____

LOCATION _____ BY _____ DATE _____