



**CITY OF TIFTON
WORK ORDER FOR UTILITY SERVICE CUT OFF**

DATE: _____ CUT OFF DATE: _____

SERVICE ADDRESS: _____

NAME: _____ ACCT# _____

FORWARDING ADDRESS: _____

TRANSFERRING ADDRESS: _____ ACCT# _____

BILLING CLERK

DATE/TIME OF CUT OFF: _____

WATER METER# _____ PRIOR _____ READING _____

GAS METER# _____ PRIOR _____ READING _____

IRRIGATION METER# _____ PRIOR _____ READING _____

METER READER