



Work Order for Utility Cut Off

Date: _____

Requested Cut Off Date: _____

Applicant Information

Customer Name: _____

Acct# _____

Service Address: _____

City: _____

Zip: _____

Forwarding Address: _____

City: _____

Zip: _____

X

Customer Signature

OFFICE USE ONLY

Meter Tech Rep: _____

Date: _____

Time: _____

Service Turn Cut Off					
Water Meter #		PRIOR		READING	
Irrigation Meter #		PRIOR		READING	
Gas Meter #		PRIOR		READING	

Customer Service Rep: _____