

CUSTOMER REQUEST FOR DISCONNECT

Date Customer Called: _____

Date service to be disconnected: _____ **ACCOUNT #** _____

Name on Account: _____

Service Address: _____

Forwarding Address: _____

Comments: _____

Date of Final Read: _____ Final Read: _____

Deposit on Account	\$.
Past Due Amount	\$.
Payments Applied	\$.
Final Bill Amount Due	\$.
Amount Due Customer after Deposit Applied	\$.
Amount Due Water Department after Deposit Applied	\$.

Water/Sewer/Garbage Breakdown

Date	Water	Sewer	Garbage	Other	Total
	\$.	\$.	\$.	\$.	\$.
	\$.	\$.	\$.	\$.	\$.
	\$.	\$.	\$.	\$.	\$.
	\$.	\$.	\$.	\$.	\$.
	\$.	\$.	\$.	\$.	\$.
Total	\$.	\$.	\$.	\$.	\$.

Completed and Entered into Computer By: _____ Date: _____

For Office Use Only

Refund Water/Sewer Account

Refund Amount Due Customer: \$ _____ Check Date: _____ Mailed: _____

Entered into system via: Check _____ Journal Entry _____ By: _____