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CUSTOMER REQUEST TO TURN OFF WATER

Date: _____

Account Number: _____

Customer Name: _____

Service Address: _____

Turn Off Date Request: _____

Actual Turn Off Date: _____

Address where final bill is to be sent:

Street number	City	State	zip
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Customer Signature	Date
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Refund of deposit amount \$ \_\_\_\_\_

Amount applied to bill \$ \_\_\_\_\_

Clerk: \_\_\_\_\_

Date: \_\_\_\_\_