

**CITY OF ZILLAH
UTILITY CHANGE ORDER**

DATE: _____ DATE OF CHANGE: _____

NAME: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

PHONE #: _____

REQUESTED CHANGE: _____

EMPLOYER: _____ PHONE: _____

RESIDENT SIGNATURE: _____

HOMEOWNER: _____ RENTER: _____

MAILING ADDRESS: _____



-FOR OFFICE USE-

ACCOUNT #: _____

READ ONLY: _____ READ/DISCONNECT: _____

CREW MEMBER: _____ DATE: _____

COMPUTER: _____ GARBAGE LIST: _____

SPECIAL INSTRUCTIONS: