CITY OF ZILLAH
UTILITY DISCONNECT ORDER

DATE: _____ DISCONNECT DATE: _____

NAME:_____

STREET ADDRESS:_____

FORWARDING ADDRESS:_____

CITY/ZIP CODE:_____

RESIDENT SIGNATURE:_____

■■

ACCOUNT #: _____

METER #: _____ METER MAKE: _____

DEPOSIT ON FILE $: _____

READ ONLY: _____ READ/DISCONNECT: _____

CREW MEMBER: _____ DATE: _____

COMPUTER: _____ GARGAGE LIST: _____

WATER USE: _____

SEWER: _____

WEEKS OF GARBAGE: _____

ARREARS: _____ CLOSING BILL: _____

TOTAL BILL: _____ DATE: _____

APPLIED TO ACCOUNT $: _____ DATE: _____

TREASURER CHECK #: _____

REFUND MAILED $: _____ DATE: _____

TREASURER CHECK #:_____

DEPOSIT BOOK: _____