



CUSTOMER ACCOUNT FINALIZATION

DATE: _____ ACCOUNT# _____

CUSTOMER NAME: _____

SERVICE ADDRESS: _____
Street Address

CITY/STATE/ZIP

FORWARDING ADDRESS: _____
Street Address

CITY/STATE/ZIP

PHONE #: _____ WORK/CELL #: _____

DATE OF DISCONNECTION: _____
CUSTOMER SIGNATURE

(Office Use Only)

AMOUNT OF REFUND / AMOUNT CUSTOMER OWES
(Attach copy of billing summary showing customer balance)

\$ _____	DEPOSIT ON FILE
\$ _____	BILL BALANCE
\$ _____	TOTAL REFUND / OWED

REFUNDED TO CUSTOMER BY:

OP.CHECK# _____ WATER DEP. CK # _____ INITIALS: _____

REFUNDED BY: _____ DATE: _____
Employee Signature