

GREENTOWN UTILITIES

TEMPORARY WATER SHUT OFF
(WINTER VACATION)

NAME: _____ ACCOUNT # _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

DATE WANTED OFF: _____ DATE BACK ON: _____

S.O. _____ Read _____ Int. _____

T.O. _____ Read _____ Int. _____

WILL NOTIFY BY PHONE, LETTER OR IN PERSON WHEN SERVICE IS TO BE BACK ON.

SIGNATURE: _____ **DATE:** _____

Responsible Party if Needed: _____ Phone #: _____

THERE WILL BE A \$40.00 SERVICE CHARGE FOR THIS SERVICE BILLED WHEN YOU RETURN.

COMMENTS:



ALTERNATE MAILING ADDRESS
(WINTER VACATION)

NAME: _____ ACCT. # _____

SERVICE ADDRESS: _____

ALTERNATE ADDRESS: _____

SIGNATURE: _____ **DATE:** _____