Ci	er Service Clo	se-Out	ENTERED			
CLOSE DATE		RESIDENTIAL	COMMERCIAL	TEMPOR	RARY WATER	
LAST NAME	FIRST NAME	MI.	- ACCOUNT NO.			
ALTERNATE NAME			CUSTOMER	OWNER	RENTER	AGENT
SERVICE ADDRESS			_ TYPE: If owner:	SOLD	NEW TENAN	<mark>r</mark> 🗆
FORWARD ADDRESS			AUTOPAY	YES	NO	
FORWARD CITY	STATE	ZIP CODE	If Yes, the Final Bill will NOT be on Autopay.			
OFFICE USE ONLY		Holder is responsible for the Bill is not paid by the due date.				
WORK PERFORMED READING	DATE	METER #		TRANSMIT	TER #	
TAKEN BY:	DATE:	TIME:	CAL	LER NAME:		