SUMMIT PARK PUBLIC SERVICE DISTRICT APPLICATION FOR RESIDENTIAL SERVICE

ACCT #

WATER ONLY () SEW	- -				
ARE YOU A NEW CUSTON	 '				
OR PREVIOUS CUSTOMER	. () WHENU	JNDER WHAT NAME			
APPLICANT NAME		S.S#	CONTACT#	<u> </u>	
				#	
ADDITIONAL NAME		S.S#	CONTA	ACT #	
EMAIL ADDRESS		ADDITIONA	ADDITIONAL CONTACT #		
PROPERTY LOCATION					
OWNER () TENANT ()) - PROPERTY OWNER'S NA	AME			
				· #	
TOTAL NUMBER OF PERS	ONS IN YOUR HOUSEHOLI)			
Please list any persons yo	u grant permission to inqu	iire about your account			
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Customer Request for Discontinuation of Water/Sewer Service

Today's Date			_ Account #			•	
Reason for Request			Requested Shut Off Date				
Customer Name							
Service Address							
New Address							
Contact #				_ Type:			
Customer print name		Signature		Date			
Request received by:	(Circle one)	Mail	Verbal/Phone	In Person	Email	Fax	
Request Accepted By:			_				
Date of Final Read		_ Reading		_ Meter Reade	· Initials		
Office Comments:							