



UTILITY BILLING TRANSACTION

AFTER HOURS TURN-ON

ACCOUNT NUMBER

IS THE SERVICE CURRENTLY ON?

YES NO

SERVICE CHARGE

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<input type="checkbox"/> START SERVICE	<input type="checkbox"/> STOP SERVICE	<input type="checkbox"/> CHANGE NAME ADDRESS	<input type="checkbox"/> ASSUMING ACCOUNT BALANCE	SERVICE ADDRESS	NUMBER	QUADRANT	NAME
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NAME	FIRST NAME	MIDDLE INITIAL	LAST NAME
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MAILING ADDRESS IF DIFFERENT FROM SERVICE ADDRESS	DATE ORDER TAKEN
	DATE WANTED
CITY	STATE
ZIP CODE	READING DATE

(AREA CODE) DAYTIME TELEPHONE	(AREA CODE) EVENING TELEPHONE	READING ONE	READING TWO	READING THREE	READ BY
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PLACE OF EMPLOYMENT	SOCIAL SECURITY NO.	DRIVERS LICENSE NO./STATE	DATE OF BIRTH
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REQUESTED BY	<input type="checkbox"/> PHONED <input type="checkbox"/> BUILDER <input type="checkbox"/> OWNER <input type="checkbox"/> IN PERSON <input type="checkbox"/> MANAGER <input type="checkbox"/> RENTER	IF RENTER, ENTER OWNER INFORMATION	NAME	PROCESSED BY
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OFFICE USE ONLY