

Account # _____
Prorate: _____
Beginning Meter Reading:



SNOWBIRD DISCONNECTION OF UTILITY SERVICES

Name(s) Utilities Currently In: _____
Forwarding Address: _____
Location to be disconnected: _____ Mailing Address: _____
Phone Number: _____ Date of Disconnection: _____
Approximate Date of Reconnection: _____

_____ Signature of Applicant(s)	_____ Date
_____ City Employee	_____ Date

For Utility Office Use:

DISCONNECTION

Contact Water Dept. to shut off at curb: Completed ____ By _____ Date/Time _____
Prorate ____ % in Maint./Billing-Rates (Rates still active until EOM bills processed):
Completed ____ By _____ Date _____
After EOM UB complete, edit rates to inactive status:
Completed ____ By _____ Date _____

Customer requested reconnection on _____ By _____ (phone/in person) Initials _____

RECONNECTION

Contact Water Dept. to turn on at curb: Completed ____ By _____ Date/Time _____
Prorate ____ % in Maint./Billing-Rates & edit rates to active status:
Completed ____ By _____ Date _____
Add \$30 Reconnection Fee thru Adjustments:
Completed ____ By _____ Date _____