



**CLEANING FEE (NON-REFUNDABLE)
REQUEST FOR 10 DAY UTILITY USAGE
\$40 PER METER**

Company/Person Name: _____

Phone#: _____

Person Paying: _____

Turn On Date: _____

Turn Off Date: _____

Address: 1. _____

2. _____

3. _____

4. _____

I have read and understand that by signing below, I agree to the following:

If an incorrect address is given above, there will be an additional charge of \$40 for each corrected address.

NO BACK TO BACK CLEANINGS ARE ALLOWED

Service will be disconnected on the Turn Off Date shown above.

All faucets at the address must be in the off position before water services are turned on.

The City shall not be held liable, and the account holder hereby releases the City from any damages due to the account holder's negligence in this matter.

Signature _____ Date: _____

Office Use Only:

Customer# _____ On Completed: _____ Off Completed: _____