

City of Wells – Utility Connect / Disconnect

ACCOUNT # _____ DATE _____

NAME _____

SERVICE ADDRESS _____

BILLING ADDRESS _____

PHONE # _____ EMPLOYER _____

LANDLORD ACCT _____ PROPERTY OWNER _____

CONNECT _____ PHYSICAL TURN ON _____ METER READ ONLY _____

DEPOSIT DATE _____ DEPOSIT AMT. _____ RECEIPT# _____

LETTER OF CREDIT _____

DISCONNECT _____ EFFECTIVE DATE _____ PHYSICAL TURN OFF _____

CHANGES _____

TELEPHONE CALL _____ DATE & TIME _____

SIGNATURE: _____

DEPT. USE ONLY

ADMINISTRATION USE ONLY / PUBLIC WORKS DEPT. USE ONLY

COPY TO ELKO SAN. _____ METER # _____

EMPLOYEE _____ METER READING: _____
EMPLOYEE _____

INITIALS _____ INITIALS _____

DATE _____ DATE _____