

# Alco Water Service

## Disconnect Order

CYCLE NO:	ACCOUNT NO:		WORK ORDER
SHUT OFF NON-PAYMENT:		READ AND SHUT OFF:	READ AND LEAVE ON:
DATE CALLED:		DATE WANTED:	
NAME:			
STREET:		PHONE NO:	
SEND CLOSING BILL:		CITY:	
COMMENTS:			
<b>I HEREBY AUTHORIZE THE ALCO WATER SERVICE TO DISCONTINUE SERVICE AS INDICATED HEREON AND TO REMOVE SUCH OF THEIR PROPERTY AS THEY DESIRE FROM THE PREMISE.</b>			
<b><u>SIGNATURE:</u></b>			
<b>VOID DISCONNECT ORDER</b>			
NAME:		DATE:	PHONE#:
REMARKS:			
<b>OFFICE USE ONLY</b>			
DEPOSIT: YES <input type="checkbox"/> NO <input type="checkbox"/>		DEPOSIT AMOUNT:	
BILL DUE:		INTEREST AMOUNT:	
REFUND AMOUNT:	CHECK NO.	REFUND DATE:	DEPOSIT APPLIED TO ACCOUNT: YES <input type="checkbox"/> NO <input type="checkbox"/>
CLERKS NAME			