

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:			
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.			
<u>SIGNATURE:</u>			
VOID DISCONNECT ORDER			
NAME:		DATE:	PHONE#:
REMARKS:			
OFFICE USE ONLY			
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			