

TURN ON SERVICE REQUEST FORM

	Site	Info	ormation	
Site Number Site Name Entity Name Federal Tax ID Number: Site Address 1: Site Address 2: Site City: Site State:	: MORRIOLISTS : 580687630 : 1518 ARNOLD Pill : Mall : ARNOLD		LOCATION TYPE: REGION: DIVISION: GL SITE #: Account Address 1: Account Address 2: Account City: Account State:	Same
Site Zip:	11010		Account State:	
Site Contact Name: Site Contact Title: Site Contact Telephone: Site Contact Fax:	5057605 Analys		Billing Address 1: Billing Address 2: Billing Address 3: Billing Address 4:	Aaron's Inc. c/o Aaron's Sales & Leasing P.O. Box 5651 Bismark, ND 58506
	LANDLOR	D II	NFORMATION	
Leased Location: Lease Start Date: Lease End Date: Previous Tenant: Sublet: Owned Location: Purchase Date: Previous Owner:	YES (NO YES (NO		Landlord Name: Contact Number: Contact FAX: Contact Email: Address 1: Address 2: City: State: Zip:	Annia Parek Mail A 314-968-9898 314-967-5050 Vahal Conceptoperties 1401 Arestwad Blind St. Louis 151. Louis
	S	ERV	/ICES	
Turn On Date: Construction: New Meters Required:	YES (NO YES / NO		Deposit Preference: Check Deposit OK: Credit Card Deposit OK:	INVOICE / CHECK / CREDIT CARD YES / NO YES / NO
Utility Service Type	Vendor Name	Y	Account 310038300-	Meter

John, per our discussion, please true water service turned on immediately. The supervisor of the water depurbment is worded MR. Wiggins.