CITY OF GREEN RIVER
UTILITY SERVICE ORDER

CUSTOMER NAME_____ DATE OF ORDER_____
SERVICE ADDRESS_____ CLIENT NO _____

OPEN AN ACCOUNT

NEW CUSTOMER NAME_____ CONNECT DATE_____
MAILING ADDRESS_____ PHONE NUMBER_____
CITY, STATE, ZIP_____ BEGINNING READING_____
CUSTOMER SIGNATURE_____ METER READ BY_____
DEPOSIT AMOUNT_____ AUTO CAN #_____
CITY SANITATION_____ ENTRY DATE_____ INITIAL_____

CHANGES IN CURRENT ACCOUNT

	TEMP DISC EFF DATE	RECONNECT EFF DATE	CHARGES & CREDITS	
WATER	_____	_____	_____	METER READING_____
SEWER	_____	_____	_____	METER READ BY_____
GARBAGE	_____	_____	_____	AUTO CAN #_____
OTHER	_____	_____	_____	

REQUESTED BY_____ CUSTOMER SIGNATURE _____
COMMENTS _____
_____
_____
CITY SANITATION_____ ENTRY DATE_____ INITIAL_____

CLOSE AN ACCOUNT

CLOSING DATE_____ DEPOSIT APPLIED_____
FORWARD ADDRESS_____ FINAL READING_____
CITY, STATE, ZIP_____ METER READ BY_____
CUSTOMER SIGNATURE_____ AUTO CAN #_____
REQUESTED BY_____ PHONE_____
COMMENTS _____
_____
_____
CITY SANITATION_____ ENTRY DATE_____ INITIAL_____

ADDITIONAL COMMENTS