

City of Grand Coulee Utility Department Work Order

Action Date: _____

- Turn On Turn Off Reading Only Remove Meter
 Address Change

Connect:

Account #: _____ Name: _____ Ph. #: _____

Request Date: _____ Street Address: _____

Meter #: _____ Mailing Address: _____

RES COM

City/St/Zip: _____

Meter Size: _____ Water Code: _____ Sewer Code: _____ Garbage Code: _____

New Resident Handout Billed T/Fee: _____ Sunrise: _____

Voluntary Census Information: # of persons residing in this housing unit: _____

Applicant's Signature: **X** _____ SS#: _____

Disconnect:

Account #: _____ Name: _____ Ph. #: _____

Request Date: _____ Street Address: _____

Meter #: _____ Mailing Address: _____

RES COM

City/St/Zip: _____

Sunrise: _____

Voluntary Census Information: # of persons residing in this housing unit: _____

Applicant's Signature: **X** _____ SS#: _____

City notified by: _____ in person by telephone by mail

Remarks: _____

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Meter Reading: _____ Date: _____ Time: _____

Utility Worker Signature: _____

Comments: