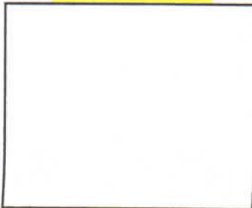


CITY OF NIOTA WATER SHUT OFF REQUEST



TODAY'S DATE: _____

CUSTOMER NAME: _____

PLEASE PRINT CLEARLY

SERVICE ADDRESS: _____

NEW HOME PHONE: _____ CELL PHONE: _____

DATE REQUESTED TO BE SHUT OFF: _____

DO YOU OWN OR RENT? _____

LANDLORDS NAME: _____

FORWARDING ADDRESS: _____

ORIGINAL DEPOSIT \$ _____

YOUR FINAL BILL TO BE DEDUCTED OUT OF YOUR DEPOSIT IF YOU HAVE ONE ON FILE AND ANY REMAINDER WILL BE MAILED TO YOU. AS OF NOV 1, 2016, THE FEE YOU PAID WAS A NON-REFUNDABLE SERVICE FEE.

SIGNATURE _____

DATE _____

PLEASE ALLOW 1 TO 3 DAYS FOR SHUT OFF AND 4 - 6 WEEKS FOR REMAINING DEPOSIT REFUND, IF ANY

OFFICE USE:

ACCOUNT # _____

DATE SHUT OFF: _____

ENDING METER READING: _____

Customer Photo ID

COMPLETED BY: _____

ENDING BILL AMT: \$ _____

DATE DEPOSIT REFUNDED _____

AMOUNT REFUNDED \$ _____

BALANCED TO ZERO

FINAL PAYMENT STATUS:

____ PAID IN FULL _____ DATE PAID _____ SENT TO COLLECTIONS _____ DATE SENT