

CITY OF HOQUIAM

WATER DEPARTMENT

SHUT OFF ORDER

Date _____

Service Address _____

Customer Name _____

To Be Shut Off/Read _____ Reason _____

Remarks: _____

Forwarding Address: _____

Drivers License #: _____

Phone # _____ Signed _____

INSPECTORS RECORD

Date _____ Read only Shut Off Reading _____

Meter size _____ Make _____ No. _____

Remarks: _____

Signed _____

(Inspector)

ACCOUNTING DEPARTMENT

Service No. _____ Remarks: _____

By _____ Date _____ Shut-Off No. _____