## **TOWN of MONTEZUMA**

## **SEASONAL WATER USER**

## REQUEST FOR TURN ON / OFF

CUSTOMER NAME	, DATE
ADDRESS OF SERVICE	PHONE #
- · · · · · · · · · · · · · · · · · · ·	
ACCOUNT NUMBER	
REQUEST ABOVE WATER SERVICE TO BE T	URNED ON OFF FOR SEASONAL USE check one
DATE TO BE TURNED ON / OFF	
It is required that there be someone on site when the that there are no leaks on turn on or to insure that the	
no chance of possible freeze ups.	
CUSTOMER SIGNATURE	
FOR WATER DEPARTMENT USE	
DATE TURNED ON / OFF	
METER READING	
DATE	