



**5 N. GARDEN AVENUE \* P.O. BOX 99 \* ROCK ISLAND, WA 98850**  
**(509) 884-1261 \* Fax (509) 886-0569\***

**REQUEST FOR WATER TURN-ON OR SHUT-OFF**

Person Making Request \_\_\_\_\_

Name on Account \_\_\_\_\_

Meter Address \_\_\_\_\_ Phone \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Turn On \_\_\_\_\_ Leave On \_\_\_\_\_ Shut-Off \_\_\_\_\_

Effective Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Meter Reading** \_\_\_\_\_ **Date Read** \_\_\_\_\_ **Initials** \_\_\_\_\_

Account # \_\_\_\_\_

Final Billing Date \_\_\_\_\_