

FAIRFIELD MUNICIPAL UTILITIES TURN-ON REQUEST

Acct. No.: _____ <small style="margin-left: 100px;">For Office Use Only</small>

Address: _____

Name: _____

Mailing Address (If different from service address):
 c/o _____

Name of Employer: _____

Spouse Name: _____

WATER IS NOW

ON	OFF
----	-----

Move In Date: _____
MO DAY YR

Social Security #: _____

Tax ID #: _____

Driver License #: _____

Property Owner:

Yes	No
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Home Phone: _____

Work Phone: _____

No. of Occupants: _____

FOR OFFICE USE ONLY

Customer Number: _____

Prior Service Address: _____

Comments: _____

I hereby request that water service be turned on at the listed address on the MOVE IN DATE indicated above. I agree to pay the City for all water and sewer fees and deposits as required by City ordinances and which are billed together on the Fairfield Municipal Utilities bill. I understand that failure to pay any portion of this bill will result in discontinuance of water service.

Signature: _____

Date: _____

A = _____

B = _____

C = _____

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Read Date

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Rec'd By:

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Date

Read By