



Vacation Service Form



Account Number

Service Address

NAME:

TEMP MAILING

ADDRESS:

TEMP PHONE #:

EMERGENCY

CONTACT:

EMERGENCY PHONE:

VACATION DATES:

Leave _____ Return _____

▶ Will you be turning the water off inside at the meter?

No _____

Yes _____

▶ Do you want the water turned off at the curb?

No _____

Can't _____

Yes _____

Receipt #: _____

Date: _____

▶ Do you want to schedule a date for the water to be turned back on or will you call? If the water is not off inside, someone must be at the property before the water is turned back on.

Will Call _____

Schedule _____

WORK ORDERS:

Turn Off _____

Turn On _____

TRASH SERVICE:

▶ What is the last day you will set out trash? _____

STOP TRASH: _____

START TRASH: _____

MC: _____

VF Fee Added: _____

Misc Notes: