



CITY OF FALLON OWNER SERVICE REQUEST

TURN OFF DATE: _____

NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

SIGNATURE: _____

DATE: _____

COMMERCIAL RATE REQUESTED

GS-1: _____

GS-2: _____

GS-3: _____

FOR OFFICIAL USE

ACCOUNT NUMBER: _____

ELECTRIC SERVICE CHARGE: _____

WATER SERVICE CHARGE: _____

TOTAL SERVICE CHARGE: _____

BILL ACCOUNT: YES NO

COMPUTER ENTRY BY: _____

DATE: _____