

City of Sebastopol – Customer Service Close-Out

ENTERED

CLOSE DATE _____

RESIDENTIAL

COMMERCIAL

TEMPORARY WATER

LAST NAME _____ FIRST NAME _____ MI _____

ACCOUNT NO.

ALTERNATE NAME _____

TRANSFER YES

NO

SERVICE ADDRESS _____

CUSTOMER

OWNER

RENTER

AGENT

TYPE:

FORWARD ADDRESS _____

FORWARD CITY _____

STATE _____

ZIP CODE _____

OFFICE USE ONLY

PHONE NUMBER _____

OFFICE USE ONLY

WORK PERFORMED

READING _____ DATE _____

CIRCLE ONE: NOTIFIED BY PHONE / WALK IN / EMAIL

TAKEN BY: _____ DATE: _____ TIME: _____ CALLER NAME: _____

BILL ADJUSTMENTS

BILLING PERIOD: _____ = \$ _____

DEPOSIT: _____ = \$ _____

TOTAL DUE / REFUND: _____ = \$ _____

COLLECTION LETTER DATE _____ \$ _____

TO COLLECTIONS DATE _____ \$ _____