

CITY OF HURON

REQUEST FOR WATER RE-READ/TURN-OFF

() TURN-OFF () RE-READ () LEAK () TEST METER

DATE: _____

ACCOUNT # _____ METER #: _____

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

PHONE# _____ WORK# _____ CELL# _____

PLEASE STATE WHERE YOU WANT YOUR REFUND MAILED TO YOU, IF OTHER THAN ABOVE

STREET ADDRESS: _____

MAILING ADDRESS: _____

SIGNATURE: _____

OFFICE USE ONLY

LAST READING: _____ METER #: _____

DATE RE-READ: _____ TIME: _____ : _____ A.M/P.M

METER RE-READ: _____ READ BY: _____

LEAK: YES NO IF YES, CITY SIDE: YES NO

COSTUMER SIDE: YES NO

METER WORKING PROPERLY: YES NO

COMMENTS:
