

CITY OF CORCORAN - SERVICE TURN OFF

Acct # _____

Name _____

Location _____

Forwarding Address _____

Remarks _____

Turn off Date _____ By _____

Signature _____

WATER	REFUSE	SEWER	OTHER	TOTAL

WATER DEPOSIT INFORMATION

None:

Amount of Dep. \$ _____ Date _____

Transferred Amount:

To Acct # _____

Remarks _____
