

City of Sebastopol – Customer Service Close-Out

ENTERED

CLOSE DATE _____

RESIDENTIAL

COMMERCIAL

TEMPORARY WATER

LAST NAME _____ FIRST NAME _____ MI _____

ALTERNATE NAME _____

SERVICE ADDRESS _____

FORWARD ADDRESS _____

FORWARD CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

OFFICE USE ONLY

WORK PERFORMED

READING _____ DATE _____

CIRCLE ONE: NOTIFIED BY PHONE / WALK IN / EMAIL

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

ACCOUNT NO. _____

_____ –

TRANSFER YES NO

CUSTOMER
TYPE:

OWNER

RENTER

AGENT

OFFICE USE ONLY

BILL ADJUSTMENTS

BILLING PERIOD: _____ = \$ _____

DEPOSIT: _____ = \$ _____

TOTAL DUE / REFUND: _____ = \$ _____

COLLECTION LETTER DATE _____ \$ _____

TO COLLECTIONS DATE _____ \$ _____