

VACATION REQUEST

All Services but Power Water/Sewer Garbage/Recycling

NAME: _____ ACCOUNT # _____

PROPERTY ADDRESS: _____ WASHINGTON, UT 84780

DATE TO TURN OFF SERVICES _____ DATE TO TURN ON SERVICES _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE# _____

SIGNATURE _____ DATE: _____

By signing above you agree to all terms and conditions for Washington City Utilities. For a copy of the terms and conditions please see a copy of our sign-up form online or in the office.

RECEIVED BY _____ VERIFIED ID _____ SR# _____ DATE _____
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