



201 W. Main St. • P.O. Box 68 • Warsaw, MO. 65355
Phone: (660) 438-5522 Fax: (660) 438-7142

UTILITY ACCOUNT CHANGE FORM

Account # _____ Meter Serial # _____

Please fill in all sections

CUSTOMER NAME: _____

PROPERTY/SERVICE ADDRESS: _____

CONTACT PHONE: _____ ALTERNATE # _____

CITY _____ STATE _____ ZIP _____

ACCOUNT ISSUE/ACTION TO BE TAKEN:

TEMPORARILY SHUT OFF WATER: *START DATE:* ____/____/____ *TO* ____/____/____

Reason: Construction phase Work on repair/leak Part time resident only

PERMANTLY SHUT OFF WATER: *END DATE:* ____/____/____ Time: ____ A.M. ____ P.M.

Reason: Renters-Moving Out Owner: Sold House/Moving ****Must provide Forwarding Address below.**

RTO (Return to Owner Name) _____

(Fill in owner name if known)

NOTE: _____

***FORWARDING ADDRESS:** _____

CITY _____ STATE _____ ZIP _____

OFFICE STAFF: Staff Initials _____

Staff Initials: _____ Date: _____