TEMPORARY or PARTIAL SERVICE ORDER

		☐ DISCONNECT	☐ RECONNECT	
	☐ Electric Dept.	☐ Public Works	Account No.	Date to be done:
IAGILIC.			Account No	
Service Address:				
Reason for request: This request is for:				·
☐ Electric	Meter # _		Reading _	
☐ Water	Meter # _		Reading _	
☐ Refuse		Field person:		Date:
	Customer	Signature	Date:	
				Clerk:

White Copy to be returned to Billing after completed

White (to the field)

1/25/02

Yellow (to Billing)