

SERVICE REQUEST
City of Fayetteville Water & Sewer Department

Route/Sequence: _____

Service Location: _____

Consumer Code: _____ Old Consumer Code _____

Status: _____ (Active, Done, Final, New)

Consumer Name: FIRST _____ MI _____ LAST _____

Mailing Address: _____

ZIP CODE _____

Entry/Exit Date: ENTRY _____

Mailing Sort: Zip Code _____

Social Security No.: _____ Pin No.: _____ (5 digits)

Consumer Code: _____ (Account Codes: 11 27 26 28 31 21 48 61 03 04)

Billing Cycle: _____ (Cycle 1, 3, 5, 7, 9)

Late Charge Code: Y Sales Tax? N

Bank Code/Account: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Have you ever had service with the City: Yes \$20.00 No \$35.00 If yes, location: _____

Is there a garbage cart and recycle bin: (Garbage) Yes _____ No _____ (Recycle) Yes _____ No _____

Signature _____

FOR OFFICE USE ONLY

Prior Read: _____ Serial: _____ MIU#: _____

Service Type: I/S O/S W/S W S

Sanitation: _____ Proc/Trans _____ StrmWtr 07 Unit Billed _____

Sanitation Status _____ W/O Date _____ Reading _____

Taken By: _____ Entered By: _____