

CITY OF DYER END SERVICE

Date:

Phone:

Customer Name:

Cell Phone:

Mailing Address:

End Service Address:

End Service Date	Signature

FOR OFFICE USE ONLY:

Customer ID	Deposit to Return/Apply to Acct	Date Dep. Ret'd/Applied to Acct
Meter Serial #	Electronic ID	Reading Sequence
Route #	Pump #	Rate Code
Lat	Lon	Final Reading