

# CITY OF DYER START SERVICE

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Date:

Phone:

Customer Name:

Cell Phone:

Social Security #:

Email:

Mailing Address:

Service Address:

Start Service Date	Signature	Deposit Amount
		

FOR OFFICE USE ONLY:

Customer ID	Electronic ID	Meter Serial #
Route #	Pump #	Rate Code
Reading Sequence	Lat	Lon
Beginning Reading	Trash Services Started	