CITY OF
TOLEDO, WA.

PO BOX 236 TOLEDO WA. 98591
cityoftoledo@toledotel.com
(360) 864-4564

WATER/SEWER UTILITY ACCOUNT REQUEST

DATE: _____
ST. ADDRESS: _____

☐ CONTACT ACCT (OWNER)

NEW ACCOUNT NAME: _____ ACCT. # _____ ☐ ACCOUNT (RENTER)

_____ _____ _____
Mailing Address (PO Box/Street) City/State Zip

(_____) _____ _____
Phone # Email

☐ CONTACT ACCT (OWNER)

CURRENT ACCOUNT NAME: _____ ACCT. # _____ ☐ ACCOUNT (RENTER)

_____ _____ _____
Mailing Address (PO Box/Street) City/State Zip

(_____) _____ _____
Phone # Email

Reason for change _____

Change to be Effective _____ ☐ New Account Service Fee $ 100.00
DATE

☐ **WATER/SEWER FACT SHEET EXPLAINED AND GIVEN TO CUSTOMER**
☐ **THIS IS A NEW ACCOUNT REQUEST FOR SERVICE (*Only check for new accounts*)**
I understand that I will receive $100 charge for a new account.

X _____ **X** _____
Signature of Current Account Holder Signature of New Account Holder

FOR OFFICE USE ONLY

WATER METER TO BE READ _____ METER READING _____
DATE

WATER TO BE TURNED OFF _____ EMPLOYEE SIGNATURE _____
DATE

SERVICE TO BE TERMINATED _____ DISCONNECTION APP RECEIVED ☐ EMPLOYEE SIGNATURE _____
DATE

SERVICE TO BE CONNECTED _____ CONNECTION APP RECEIVED ☐ EMPLOYEE SIGNATURE _____
DATE