

Salina PWA Service Disconnect

Name : _____

Service Address : _____

Phone Number : _____

New Mailing Address : _____

Disconnect Date : _____ Account Number : _____

ANY AMOUNT NOT PAID ON THIS ACCOUNT BY THE DUE DATE WILL BE TURNED OVER TO OUR COLLECTION AGENCY.

Signature : _____ Date : _____

OFFICE USE ONLY

W.O. #	Final M/R
Route Number	Deposit Amount
Owed Amount	Final Bill

- Posted in Book
- Deposit Removed From Computer

Refund Amount to Gross Revenue _____

Refund Amount to Customer _____