

## CITY OF TOLEDO Customer Account Service Request Form

Today's Date:		Customer Numb	er:	
		Augustant Informati	•	
		Applicant Informati		
Service Address:				_
REQUEST:				
Please close r	my Water Utility Acc	count as of (date):		
2. Add name to t				
	Change name on account:			
4. Other:				
Forwarding address	for final billing:			
Mailing Address:				
	Cit.,	Ctata	- 7in	
Discount.	City	State	Zip	
Pnone:				
Printed Name:				
		OFFICE USE ONL	Y:	
Date received:		_		
Applied to Account:	:	Employee Initials:		