

# Final City of Le Mars Water Department

Customer Name \_\_\_\_\_

Service Address \_\_\_\_\_

Customer Phone Number \_\_\_\_\_

Forwarding Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Property Owner \_\_\_\_\_

End Service Date \_\_\_\_\_

Notes:

Account Number \_\_\_\_\_

Serial Number \_\_\_\_\_

ID Number \_\_\_\_\_

Meter Reading \_\_\_\_\_

Done By: \_\_\_\_\_