

SERVICE REQUEST

Account No.:

SR No.:

Name:

Date:

Address:

Received by:

Approved by:

- ☐ dirty

☐ taste/odor

☐ low pressure

☐ broken meter

☐ re-open connection

☐ meter leak

☐ transfer of service connection
- ☐ no water

☐ reread

☐ leakage

☐ broken meter lens

☐ stuck-up meter

☐ change tapping

from:
- ☐ high consumption

☐ broken service connection

☐ defective meter/gate valve

☐ change meter/gate valve

☐ voluntary disconnection

☐ relocation of water meter

to:

Remarks

Action Taken

Plumber

Date

To Concessionaires:

DID ACTION TAKEN SATISFY YOUR REQUEST?

☐ YES

☐ NO

Concessionaire

Date

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DID ACTION TAKEN SATISFY YOUR REQUEST?

☐ YES

☐ NO

Concessionaire

Date