CITY OF
ROCK ISLAND

5 N. Garden Avenue * P.O. Box 99 * Rock Island, WA 98850
(509) 884-1261 * info@rockislandwa.gov

REQUEST TO TURN WATER ON OR SHUT-OFF
(Existing Account)

Person Making Request: _____

Name on Account: _____

Meter Address: _____ Phone: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Turn On:_____ Leave On: _____ Shut-Off: _____

Effective Date: _____

Signature_____ Date_____

Meter Reading: _____ Date Read: _____ Initials: _____

Account #: _____

Beginning Billing Date: _____

Final Billing Date: _____