

**City of York  
Water Service Turn  
On For 48 Hour's**

**Print Customer Name:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Date Service to be connected:** \_\_\_\_\_

**Date Service to be disconnected:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Customers Signature:** \_\_\_\_\_

**For Office:**

Reading on connected date: \_\_\_\_\_

Reading on disconnected date: \_\_\_\_\_