

Village of Williamsburg
107 West Main Street
Williamsburg, OH 45176

UTILITY CYCLE 6 BILLING

Account Number: _____

Name: _____

Service Address: _____

Date of Action: ____/____/____

I authorize this location into a Cycle-6 billing as of:

Date: ____/____/____ Signature: _____

Reading at time of termination into Cycle-6 billing: _____
(meter sealed)

Work performed by:

Employee: _____ Date: ____/____/____