

CITY OF WOOD HEIGHTS
2098 East Ridge Drive
Wood Heights, MO 64024
816-630-7900
816-637-0388 FAX
city@WOODHEIGHTS-MO.GOV

FINAL OUT WATER-SEWER / TRASH

NAME: _____ DATE: _____

SERVICE ADDRESS: _____ Wood Heights, MO 64024

ACCOUNT / LOCATION NO: _____

DATE TO END SERVICE: _____

NEW ADDRESS: _____

NEW PHONE NO: _____

INFORMATION RECEIVED: IN PERSON: _____ BY PHONE: _____

APPLY DEPOSIT TO FINAL BILL: YES _____ NO _____

AMOUNT OF DEPOSIT ON ACCOUNT: \$ _____

WORK ORDER #: _____

FINAL METER READING: _____

DATE METER READ: _____

FINAL \$ AMOUNT DUE FROM CUSTOMER: \$ _____

REFUND DUE CUSTOMER: \$ _____

PAYMENT DUE CITY: \$ _____

REFUND CHECK PRODUCED: YES _____ NO: _____

CHECK NO: _____ DATE CHECK MAILED: _____

DATE INPUT: _____ INPUT BY: _____