

**DINGRAS WATER DISTRICT**

**SERVICE REQUEST**

CONCESSIONAIRE: \_\_\_\_\_ No. \_\_\_\_\_  
 SERVICE ADDRESS: \_\_\_\_\_

REQUEST RECEIVED BY: _____	APPROVED BY: _____	COMPLETED ACTION REVIEWED BY: _____
DATE		

<input type="checkbox"/> DIRTY WATER	<input type="checkbox"/> NO WATER	<input type="checkbox"/> HIGH CONSUMPTION	ACTION TAKEN: _____ _____ _____
<input type="checkbox"/> TASTE OR ODOR	<input type="checkbox"/> HIGH PRESSURE	<input type="checkbox"/> REREAD	
<input type="checkbox"/> LOW PRESSURE	<input type="checkbox"/> METER LEAK	<input type="checkbox"/> RECONNECTION	
<input type="checkbox"/> NEW CONNECTION	<input type="checkbox"/> DISCONNECTION		

OTHERS (Specify) _____	BY: _____
_____	METER READER/PLUMBER
_____	TO CONCESSIONAIRE:
_____	Did the action taken
_____	satisfy your request?
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	SIGNATURE
_____	