

**CITY OF OLIVE BRANCH  
SEASONAL SERVICE**

**ACCOUNT #** \_\_\_\_\_

**BOOK #** \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**WHAT SERVICE TO BE LOCKED OFF** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MONTHS TO BE LOCKED OFF** \_\_\_\_\_ **TO** \_\_\_\_\_

**WHAT SERVICE TO BE TURNED ON** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TIME** \_\_\_\_\_

I/We the undersigned request that my water and/or gas service be locked off during the off season months. I/We understand that it is my responsibility to contact the City of Olive Branch for my service to be reinstated.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone #**

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**OFFICE USE ONLY**

\_\_\_\_\_  
CUT OFF/ON DATE

\_\_\_\_\_  
FINAL/START READING

\_\_\_\_\_  
WORK ORDER #