

CITY OF WHITE CLOUD 12 N. CHARLES, P O BOX 607, WHITE CLOUD, MI PH: 231.689.1194 FAX: 231.689.2001

WATER USAGE FROM HYDRANT

NAME:			_ DATE:		
ADDRESS:			STATE:ZIP:		
PHONE:	E-MAIL:				
Rat	e per 1,000 g	allons = \$6.80) Hook-up f	ee=\$25.00)
Start Read:	End Read:		_ Gallons used: _	D	ate:
Start Read:	_ End Read:	:	_ Gallons used: _	D	ate:
Start Read:	End Read:		_ Gallons used: _	D	ate:
Amount of Water used:		-	Total \$ Due:		
Signature of Recipient:					
**********					Cash
Payment method: Cred	iil Caru	Check	Money Of	uer	Cash
Name as it appears on C Card Number:					
Card Number: Expiration Date: Month	`	Year			
Security Code (on back ************	of card)		_		
********	******	******	******	****	
		OFFICE US	SE ONLY:		
City Employee:					
Remittance Account #:	591-000.000				