CITY OF SAN JUAN

REQUEST FOR REACTIVATION OF UTILITY SERVICE

TYPE OF SERVICE: ☐ RESIDENTIAL ☐ COMMERCIAL

NAME:_____ ACCOUNT #: _____

BUSINESS NAME (IF APPLICABLE): _____

SERVICE ADDRESS: _____ _____ _____
STREET CITY ZIP

MAILING ADDRESS: _____ _____ _____
STREET CITY ZIP

HOME PHONE: _____ MOBILE: _____

DRIVERS LICENSE # _____

DATE REQUESTED FOR SERVICE REACTIVATION: _____

REQUESTED BY: _____

CUSTOMER SIGNATURE: _____ DATE: _____

*NOTE: IF YOU ARE SENDING THIS REQUEST BY FAX OR BY MAIL, INCLUDE A COPY OF A VALID FORM OF IDENTIFICATION.

*AVISO: SI USTED ESTA MANDANDO ESTE FORMA POR FAX O CORREO, FAVOR DE INCLUIR UNA COPIA DE SU INDENTIFICACCION.