

ACTIVATE UTILITY SERVICES
City of Clifton

- WATER**
- GAS**

Date of Cut-On: _____

Name: (please print) _____

Sex: (optional)

- Male
- Female

Race: (optional)

Address where service is located: _____

Mailing Address: _____

Phone Number: _____

Signature: _____ Date: _____

*Please note that cut-off dates are approximate, we will work to turn off service as close to the indicated cut-off date as our work schedule will allow.

OFFICE USE ONLY BELOW THIS LINE

Amount Paid: _____