NAVAJO NATION TELECOMMUNICATION & UTILITIES
UTILITIES SERVICE REQUEST FORM

Requestor's Name:

Department Name:

Phone #:

Fax #:

Customer Account No.

Meter Number.

E-Mail Address:

TYPE OF SERVICE REQUESTED

(Please check all that apply)

☐ Electric ☐ Gas ☐ Water ☐ Sewer ☐ Security Light

☐ New Service ☐ Repair/Maintenance ☐ Transfer of utilities service ☐ Removal/Disconnection

Requested Service Date:

Decription of Service to be performed:

Service Location (Physical Address):

Other Services: ☐ Landscaping ☐ Elevator ☐ HVAC ☐ Waste Management

NAVAJO NATION TELECOMMUNICATION & UTILITIES STAFF USE ONLY

Request Taken By: Date

Action Taken:

Service Provider:

REMARKS/COMMENTS:

Request Approved by: Date

NNTU/Program Manager

Completion: Date

NNTU/Utilities Section