（様式第５号）（第10条関係）

開栓届

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | （あて先）須坂市長 | | | | | | | | | | | | | | | | | | | | | | | | | 受付年月日　　　　年　月　日 | | | | | | | |
|  | 上下水道の開栓の申込みをします。 | | | | | | | | | | | | | | | | | | | | | | | | | □ 使用者変更 | | | | | | | |
|  | 施設番号 | | | | |  | | | | | 検針区 | |  | | | | 地区 | | |  | | | | | | | 区分 | | | | | 水道　　下水道 | |
|  | 設置場所 | | | | |  | | | | | | | | | | | | | | | | 水道用途 | | | | | | |  | | | | |
|  | 下水道用途 | | | | | | |  | | | | |
|  | 使用者 | 氏名 | フリガナ | | | | | | | | | | | | | | | | | | | | | | 使用者  番号 | | |  | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
|  | 電話番号 | 自　宅 | | | | |  | | | | | | | | | | 勤務先 | | |  | | | | | | | | | | | | |
|  | 携　帯 | | | | |  | | | | | | | | | | その他 | | |  | | | | | | | | | | | | |
|  | 使用開始日 | | | 年　　　　　月　　　　　日 | | | | | | | | | | | | | | | 立会 | 有 ・ 無 | | | | | 午前  　　　　　　　　時　　　分  　午後 | | | | | | | | |
|  | 送付先 | 住所 | 〒 | | | | | | | | | | | | | | | | | 電話番号 | | | | |  | | | | | | | | |
|  | 氏名 |  | | | | | | | | | | | | | | | | | 個人番号 | | | | |  | | | | | | | | |
|  | 前住所 | （市外 ・ 新規）　　　　　　　　　　　　　　　　　　　前施設番号： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 申込者 | 本人 | | | 家族 | | | | 管理人 | | | 業者 | | |  | | | | 氏名  　住所  電話番号 | | | | | | | | | | | | | | |
|  | 口座振替 | 継続 | | | 非継続 | | | | その他（自主納付・新規） | | | | | | | | | | 口座情報 |  | | | | | | | | | | | | | |
|  | 備考 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 施設情報 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 検針区 | |  | | | | 検針整理番号 | | | |  | | | 開閉栓区分 | | | | 水道 | | | | | | | | | 検針担当 | | | |  | | |
|  | 下水道 | | | | | | | | |
|  | メーター | 区　　分 | | | | | 口径 | | | 記号番号 | | | | 位　　　　　　　　置 | | | | | | | | | | | | | | | | | 検満年月 | | 止栓 |
|  | 水　　道 | | | | |  | | |  | | | |  | | | | | | | | | | | | | | | | |  | |  |
|  | 下 水 道 | | | | |  | | |  | | | |  | | | | | | | | | | | | | | | | |  | |  |
|  | 前使用者名 | | |  | | | | | | | | 所有者名 | | | |  | | | | | | | 中止年月日 | | | | | | 水道 | | | | |
|  | 下水道 | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | 入力確認 | | | | | | 受付入力 | | | 受　付 |
|  |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | |  |

