



WATER SERVICE TURN OFF REQUEST

OWNER NAME: _____

PHONE: _____ EMAIL: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REQUESTED DATE OF TURN OFF: _____

SIGNATURE: _____ DATE: _____

***Water will be turned off to the property listed above at the curb stop until requested to be turned back on by landowner.**

WATER SERVICE TURN ON REQUEST

OWNER NAME: _____

REQUESTED DATE OF TURN ON: _____

SIGNATURE: _____ DATE: _____

***Owner will still be responsible for monthly base rate while service is off.**