APPLICATION FOR WATER SERVICE REQUEST

Civic Address: _____

Requesting (check one)**:** ☐ **WATER SHUT OFF** ☐ **WATER TURN ON**

➔ **Date of Service:** _____

➔ **Time of Service** (check one)**:** **8:00 am – 4:30 pm Monday thru Friday** ☐ ($30.00 Fee per visit)

Weekends, Stat holidays or after 4:30 pm on weekdays (after regular working hours) ☐ ($75.00 Fee per visit)

Requested By (Full Name)**:** _____

Title (i.e. manager, renter)**:** _____

Contact Phone Number: _____

Signature of Owner/Agent: _____

Property Owner (Full Name)**:** _____

Mailing Address: _____

Phone Number: _____

Reason For Request: _____

_____

_____

_____

_____

_____

Service Request Carried Out By (Name)**:** _____

Public Works Foreman Signature: _____

PLEASE RETURN TO FINANCE DEPARTMENT WHEN COMPLETED.

IN ALL CASES, PROPERTY OWNER WILL BE BILLED.