



APPLICATION FOR WATER SERVICE REQUEST

Civic Address: _____

Request for (circle one): **WATER SHUT OFF** **WATER TURN ON**

→ **Date of Service:** _____ , 20 _____

→ **Time of Service (check one):** **8:00 am – 4:30 pm** (\$25.00 Fee)

After 4:30 pm (\$100.00 Fee)

Requested By (Full Name): _____

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

Contact Phone Number: _____

Signature: _____

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.