

## WATER SERVICE TURN ON/ SHUT OFF REQUEST

| Date:  |                                  |               |                    |            |
|--|----------------------------------|---------------|--------------------|------------|
| Name:  |                                  |               |                    |            |
| Residence Street Address: _  |                                  |               |                    |            |
| Standpipe Location   |                                  |               |                    |            |
| Cost for turn on or off is \$25<br>Municipality assumes no res<br>water service components of<br>the period when service is tu | sponsibility f<br>r private proj | for damage to | standpipe and valv | e or other |
| Signed   |                                  |               | Date               |            |
| Signed for the Township  | Date                             |               |                    |            |
| Payment Received  Ves  | □No                              |               |                    |            |
| Operator Notified   Yes  | □No                              | Date:         |                    |            |
| Turn on/shut off work comp   | leted. Date:                     |               |                    |            |
| Signature:   |                                  |               |                    |            |