



SEWER / WATER TURN ON/OFF APPLICATION

APPLICANT: _____

PROPERTY LOCATION (Must be Owner): _____

START DATE FOR REQUEST: _____

END DATE FOR REQUEST: _____

SERVICE TO BE TURNED:

ON _____ OFF _____ SEWER _____ WATER _____

CHARGE: _____

DATE PAID: _____

DATE DPW SUPERINTENDENT NOTIFIED: _____

DATE REQUEST WAS COMPLETED: _____

APPLICANT/PROPERTY OWNER

DPW SUPERINTENDENT/AUTHORIZED PERSONNEL