

Seasonal Water Shut Off Form

Please complete Shaded Portions

Section Block and Lot: _____ - _____ - _____

Address: _____

Name: _____

Phone Number: (_____) _____ - _____

Date of Water Shut Off: _____ / _____ / _____

Time of Water Shut Off: _____ : _____ **AM/PM**

Please also note **ONLY** a water company employee can shut off and restore service in order to be eligible for the Seasonal Rate.

Plumber contact information:

Plumber: _____ **Plumber's Phone #:** (_____) _____ - _____

This form must be filled out and the water turned off for **60 consecutive days** for the homeowner to receive the Seasonal Billing Rate from July to December.

WATER RESTORATION FEES

When you request to have your service restored the following restoration fees will be added to your bill:

\$40.00 during normal business hours (**M-F 9:00am – 4:30pm**)

\$50.00 before or after normal business hours (**M-F**)

\$75.00 on weekends or holidays (New Year's Day, Martin Luther King Day, Lincoln's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day)

ADDITIONAL CHARGES

There will be a **\$250.00** charge *if* shut off valve is not easily located or extensive digging is required to shut off.

**THIS BOX FOR OFFICE
USE ONLY**

Date of Water Restore: _____ / _____ / _____