

**TURN ON/TURN OFF REQUEST INFORMATION**

By signing this affidavit, you are taking the responsibility of maintaining the sewer and/or water accounts pertaining to this property. Any bills left unpaid will be added to the property owners' taxes. Final reads are required before giving up occupancy.

NAME: \_\_\_\_\_ ID #: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

WATER/SEWER ACCOUNT #: \_\_\_\_\_ FINAL ORDERED? YES OR NO

SEASONAL TURN ON/OFF (ex. Snowbird)? YES OR NO

\*\*\*\*\* SEASONAL CUSTOMERS **MUST CALL** TO REQUEST BILLING ADDRESS CHANGES & SERVICE RESTORATION  
(WATER CUSTOMERS MUST BE PRESENT IN HOME WHEN WATER IS RESTORED)

SEND BILL TO: ADDRESS ABOVE OR OTHER (PLEASE FILL OUT BELOW)

\_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ CLERK: \_\_\_\_\_

DPW NOTIFIED: YES OR NO NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_