

REQUEST TO HAVE WATER TURNED ON OR OFF

WATER DEPARTMENT
SUPERINTENDENT, CHUCK BRODOWSKY
2 PLEASANT STREET
MONTICELLO, NEW YORK 12701
(845) 794-6810 -. FAX: (845) 794-4304

WATER TURN ON / OFF AUTHORIZATION

I, the undersigned, request and authorize the Village of Monticello Water Department to;

Turn-on ____ or Turn-off _____ the water service on (date) _____

at (address) _____

at (time) _____ A.M./ P.M. Please indicate below correct mailing address for billing

purpose if different than above. _____

The undersigned acknowledges their responsibility for any damages caused by turning on/off the water service and releases the Village of Monticello, it's employees, servants and agents form any claims including claims of negligence, arising out of turning on/off the water service.

NAME: _____

ADDRESS: _____

TELEPHONE #: (_____) _____

COMMENTS: _____

SIGNATURE of PROPERTY OWNER
OR AUTHORIZED AGENT PRINT

METER READING: _____

ACCOUNT# _____