



DEPARTMENT OF PUBLIC WORKS
Streets, Sewers, Shade Tree
Water, Recycling, Engineering

Request for Water/Sewer Cut Off of Service

Requested By: _____

Address of Service Cut Off: _____

Phone # _____ Fax # _____

Type of Service Cut Off: Water _____ Sewer _____

\$100.00 Fee: Cash _____ Check #: _____

Upon completion of the Service Cut Off, a signed copy of this form shall be forwarded to the Construction Dept. and to the party whom requested the Service Cut Off. No Service Cut Off shall be performed unless payment has been received. Please inform party requesting Service Cut Off to allow at least (2) weeks for completion of Service Cut Off.

To be completed by Public Works Personnel upon completion of Service Cut Off

Completion Date: _____

Completed By (print): _____

Completed By (sign): _____