



24 Analomink Street, East Stroudsburg PA 18301

Phone: 570.421.8300 Fax: 570.421.5575 Web: www.eaststroudsburgboro.org

## WATER SERVICE SHUT OFF/TURN ON REQUEST

SERVICE LOCATION: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

TURN ON \_\_\_\_\_ SHUT OFF \_\_\_\_\_ DESIRED SERVICE DATE \_\_\_\_\_

I/we hereby request that water service to the above property location be turned on/off by the by the Borough at the curb stop. **\$50.00** water shut off/turn on fee charge is required prior to shut off/turn on. I/we hereby hold harmless the Borough of East Stroudsburg and release the Borough from any liability resulting from the shut off/turn on of water service to the premise.

I/we shall contact the Borough when water service to the premises is to be turned back on. A turn on fee of **\$50.00** is required prior to the water being turned back on.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR BOROUGH USE ONLY

TURN ON \_\_\_\_\_ (**\$50.00 FEE**)

TURN OFF \_\_\_\_\_ (**\$50.00 FEE**)

AMOUNT PAID: \$ \_\_\_\_\_ DATE PAID: \_\_\_\_\_ CHECK/CASH/CREDIT \_\_\_\_\_

WATER SERVICE SHUT OFF/TURN ON TO PREMISES BY: \_\_\_\_\_  
Employee's Name

METER READ: \_\_\_\_\_ DATE OF SERVICE: \_\_\_\_\_

COMMENTS/DESCRIPTION: \_\_\_\_\_