

 $\textbf{Phone}: 570.421.8300 \quad \textbf{Fax}: \ 570.421.5575 \quad \textbf{Web}: \ www.eaststroudsburgboro.org$

WATER SERVICE SHUT OFF/TURN ON REQUEST

SERVICE LOCATION	:	ACCOUNT #		
APPLICANT'S NAME	PLICANT'S NAME:PHONE #:			
OWNER'S NAME:				
BILLING ADDRESS:				
TURN ON SHU	JT OFF DESIRED S	SERVICE DATE	_	
acknowledge that there will be charge is required prior to shu from any liability resulting fro	service to the above property location of water/sewer billing during such the off/turn on. I/we hereby hold harm method that off/turn on of water service when water service to the premises back on	time as the water is shut off. nless the Borough of East Stro ice to the premise.	\$75.00 water shut off/turn on fee oudsburg and release the Borough	
	DATE:			
	FOR BOROUG	SH USE ONLY		
TURN ON	(\$75.00 FEE)	TURN OFF	(\$75.00 FEE)	
AMOUNT PAID: \$	DATE PAID:	CHECK/CASH/CREDIT		
WATER SERVICE SHUT	T OFF/TURN ON TO PREMIS	SES BY:Employee's Na	me	
METER READ:	DATE OF	SERVICE:		
COMMENTS/DESCRIPT	TION:			