

# REQUEST FOR CHANGE OF WATER SERVICES

Village of Stamford

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Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Acct #: \_\_\_\_\_

Location: \_\_\_\_\_

<u>Shut Off Date:</u>	<u>Turn on Date:</u>
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Person Requesting Change: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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## (Office Use Only)

Shut off Fee: \$25      Turn on Fee: \$25

Shut off Paid Date: \_\_\_\_\_

Turn on Paid Date: \_\_\_\_\_

Shut off and Turn on Paid Date (\$50): \_\_\_\_\_