

# VILLAGE OF LEETONIA

## UTILITIES DEPARTMENT

300 EAST MAIN STREET

LEETONIA, OHIO 44431

330-427-6720

FAX: 330-427-8088



## REQUEST TO TURN WATER ON/SHUT WATER OFF \*\*24 HOUR NOTICE REQUIRED\*\*

To schedule please have form completed and call for an appointment time. Someone must be onsite with access to the home.

Please check appropriate box:



TURN WATER ON

\*(See responsibility waiver below)



SHUT WATER OFF

Date requested for turn on/shut off \_\_\_\_\_

Account Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Reason for water turn on/shut off: \_\_\_\_\_

Is the home vacant or occupied? \_\_\_\_\_

Is the home heated? \_\_\_\_\_

Is the meter in place? \_\_\_\_\_ If not, is it still in the home? \_\_\_\_\_

Requested by:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*Owner or person(s) responsible for the home must sign off on the following:** I understand that I assume full responsibility for protecting the meter. I am also responsible for any and all water usage while the stop box is in the on position. I am responsible for contacting the Water Department to have the water turned on/shut off again, if necessary, and agree to any and all charges for this service. I understand someone must be on site for any turn on/shut off service.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Name (printed)

\_\_\_\_\_  
Owner's Phone Number